

FINANCIAL STATEMENT SCHEDULE A

Name: _____ Docket No. _____

MONTHLY SELF-EMPLOYMENT OR BUSINESS INCOME

GROSS MONTHLY RECEIPTS

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Monthly Business Expenses

Cost of goods sold	\$ _____
Advertising	\$ _____
Bad Debts	\$ _____
Motor Vehicles:	\$ _____
Gas	\$ _____
Insurance	\$ _____
Maintenance	\$ _____
Registration	\$ _____
Commissions	\$ _____
Depletion	\$ _____
Dues and Publications	\$ _____
Employee Benefit Programs	\$ _____
Freight	\$ _____
Insurance (other than health), please specify type of insurance:	\$ _____
_____	\$ _____
_____	\$ _____
Interest on mortgage to banks	\$ _____
Interest on loans	\$ _____
Legal and Professional services	\$ _____
Office expenses	\$ _____
Laundry and cleaning	\$ _____
Pension and profit sharing	\$ _____
Rent on leased equipment	\$ _____
Machinery/Equipment	\$ _____
Other business property	\$ _____
Repairs	\$ _____
Supplies	\$ _____
Taxes	\$ _____
Travel	\$ _____
Meals and entertainment	\$ _____
Utilities and phones	\$ _____
Wages	\$ _____
Other expenses (specify)	\$ _____
_____	\$ _____
_____	\$ _____

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TOTAL MONTHLY EXPENSES

WEEKLY BUSINESS INCOME (Gross monthly receipts less total monthly expenses divided by 4.3.) Enter this amount in Section II, line (d) of CJ-D 301-L or Section 2(d) of CJ-D 301-S.

\$

NATURE OF SELF-EMPLOYMENT OR BUSINESS

1. Is this business seasonal in nature? Yes No

2. If a seasonal business, please specify percentage of income received and expenses incurred for each month of the year.

MONTH	PERCENTAGE OF INCOME RECEIVED	EXPENSES INCURRED
January		
February		
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		

3. State whether your business accounts on a calendar year basis or fiscal year basis: CALENDAR FISCAL

4. If your business accounts on a fiscal year basis, give the starting and ending dates of your chosen fiscal year:

_____ starting

_____ ending

5. State your gross receipts, year to date:

\$

6. State your gross expenses, year to date:

\$