

### Profit and Loss Statement (Sample Only)

January 2025		February 2025		March 2025	
Total Income:	\$5,000	Total Income:	\$2,000	Total Income:	\$4,000
Expenses:		Expenses:		Expenses:	
Car	\$200	Car	\$200	Car	\$200
Equipment	\$1,000	Equipment	\$1,000	Equipment	\$300
Repair	\$300	Repair	\$1,100	Repair	\$100
Advertising	\$100	Advertising	\$300	Advertising	\$300
Depreciation*	\$100	Depreciation*	\$0	Depreciation*	\$0
Meals/Entertainment*	\$100	Meals/Entertainment*	\$0	Meals/Entertainment*	\$0
Cash Draw*	\$1,000	Cash Draw*	\$1,000	Cash Draw*	\$1,000
Total Expenses:	\$2,800	Total Expenses:	\$3,600	Total Expenses:	\$1,900
<b>Net Income:</b>	<b>\$2,200</b>	<b>Net Income:</b>	<b>-\$1,600</b>	<b>Net Income:</b>	<b>\$2,100</b>

Please list the monthly expenses related to your business, including the dollar amount. For example: equipment, repair, advertising, etc.

\*When calculating your income, HSF does not include depreciation, meals and entertainment, and cash draws as business expenses. These types of expenses are referred to as "disallowable expenses" and will be added back into your monthly income.

The information provided above is true and correct to the best of my knowledge.

*James Smith*

Signature of Person Earning Income

11/25/2025

Date

James Smith

Printed Name

- Applicant must complete his or her own Profit and Loss Form
- A "Profit and Loss" must only be used if an applicant cannot provide: a copy of the previous year's Federal Tax Forms 1040, 1040A, 1040EZ, with a Schedule C or an e-file printout of these forms
- Applicant can submit a Profit and Loss Statement with copy of 1040 tax form if 1040 tax form and Schedule C does not reflect applicant's current income
- This document must be dated within 45 days from when the program receives document
- HSF program counts negative amounts as zero (\$0). Please see the February 2025 income above (middle column) as an example.



## Profit and Loss Statement

Business Name

Phone Number

Address

MONTH/YEAR (MM/YYYY):		MONTH/YEAR (MM/YYYY):		MONTH/YEAR (MM/YYYY):	
<b>TOTAL INCOME:</b>	\$	<b>TOTAL INCOME:</b>	\$	<b>TOTAL INCOME:</b>	\$
<b>MONTHLY BUSINESS EXPENSES</b> (list below):		<b>MONTHLY BUSINESS EXPENSES</b> (list below):		<b>MONTHLY BUSINESS EXPENSES</b> (list below):	
	\$		\$		\$
	\$		\$		\$
	\$		\$		\$
	\$		\$		\$
	\$		\$		\$
	\$		\$		\$
	\$		\$		\$
<b>TOTAL EXPENSES:</b>	\$	<b>TOTAL EXPENSES:</b>	\$	<b>TOTAL EXPENSES:</b>	\$
<b>NET INCOME:</b>	\$	<b>NET INCOME:</b>	\$	<b>NET INCOME:</b>	\$

By signing this statement, I agree that the information provided above is true and correct to the best of my knowledge.

Signature

Date

Printed Name