FINANCIAL STATEMENT SCHEDULE A

Name: _____ Docket No. _____

MONTHLY SELF-EMPLOYMENT OR BUSINESS INCOME

GROSS MONTHLY RECEIPTS | |

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)	
_____	$
_____	$

FINANCIAL STATEMENT SCHEDULE A

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: