Business Ledger

Name:	Reporting Period: Month of _____	Social Security Number:	Type of Business:
Average number of hours per week:			

Income

Date	Income Amount	Income Type	Source/Receipt or Check #
	$		
	$		
	$		
	$		
	$		
	$		
	$		
	$		
	$		
	$		
	$		
	$		
	$		
	$		
	$		
	$		
	$		
	$		
	$		
	$		
	$		
	$		
	$		
	$		
	$		
	$		
	$		
Total	$		

Please list expenses on the backside of this form

Business Expenses (Provide Receipt(s))										
Date	Check or Receipt Number	Description of Item(s)	Merchandise for resale	Supplies	Labor	Business (City/ State) Taxes	Business Insurance	Equipment Upkeep	Legal or Professional Fees	Other
			$	$	$	$	$	$	$	$
Total			$	$	$	$	$	$	$	$