

BEP Contractor Monthly Income Statement

Facility: _____	Month: _____	Year: _____
Revenue:		
1) Direct Sales from Facility	\$ -	
2) Revenue from Vending Machines	\$ -	
3) All Other Sales (Catering, etc.)	\$ -	
4) Sales Tax Collected (if applicable)	\$ -	
5) Gross Receipts (Add lines 1-4)		\$ -
Merchandise Purchases:		
6) Purchases	\$ -	
7) Sales Tax Paid (if applicable)	\$ -	
8) Freight/Delivery on Purchases	\$ -	
9) Total Expenditures (Add lines 6-8)		\$ -
10) Net Profit from Sales (Subtract line 9 from line 5)		\$ -
11) 10% Set-Aside (Line 10 multiplied by .10)		\$ -
11a) Gross Profit :		\$ -
Payroll Expenses:		
12a) Wages to Blind/Low Vision Employees	\$ -	
Number of Blind / VI Employees employed this month: (RSA -15 required information)		0
12b) Wages to Disabled Employees:	\$ -	
Number of Disabled Employees employed this month: (RSA -15 required information)		0
12c) Wages to Other Employees (To included Value of Voluntary labor)	\$ -	
Number of Other Employees employed this month: (RSA -15 required information)		0
13) Payroll Tax, Employer Federal	\$ -	
14) Payroll Tax, State	\$ -	
15) Workers Compensation	\$ -	
Operating Expenses		
16) Business Insurance	\$ -	
17) Internet / Phone Charges (Land /Cell)	\$ -	
18) Bank Service Fees	\$ -	
19) Credit Card Merchant Fees	\$ -	
20) Leasing Fees (Clover, POS, Etc.)	\$ -	
21) Accounting Service / Bookkeeping Fees	\$ -	
22) Supplies (Office, Cleaning, Uniforms)	\$ -	
23) Janitorial / Laundry Services	\$ -	
24) Membership / License / Permits / Certificates	\$ -	
25) Advertising	\$ -	
26) Repair/Replacement of Non-Essentials	\$ -	
27) Misc. (Itemize)	\$ -	
28) Total Operating Expenses (Add 12-27)		\$ -
29) Net Proceeds(Subtract line 11a from 28)		\$ -
Due to Business Enterprise Program		
30a) Set-Aside (line 11)	\$ -	
30b) Internet Fee	\$ -	
30b) \$50.00 Copay for Repairs	\$ -	
30c) \$25.00 Late Fee	\$ -	
30d) Monthly Lease Fee	\$ -	
Total (Add line 30a-30d):		\$ -
Signature: _____		Date: _____
Check Number: _____		