

STATE OF NEVADA



DEPARTMENT OF HEALTH AND HUMAN SERVICES
 DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
 BUREAU OF BEHAVIORAL HEALTH, WELLNESS AND PREVENTION
 OFFICE OF HIV/AIDS

**Profit and Loss Statement for Proof of Income
 Ryan White Part B**

Company Name: _____ Percent Ownership: _____ %
 Company Address: _____
 Type of Business: _____
 Dates Reported (MM/DD/YY – MM/DD/YY): _____
Must be a minimum of three full months

Please fill in the fields that apply to your business

GROSS INCOME	
Gross Sales <i>(Total amount of income from sales or services before subtracting expenses)</i>	\$
Other Income <i>(Any other additional funds earned through the company such as payments from people leasing space or payments from investors)</i>	\$
Total Gross Income Before Taxes and Expenses	\$

EXPENSES	
Cost of Goods Sold <i>(Direct costs to produce or obtain the goods sold by the company)</i>	\$
Accounting and Legal Fees	\$
Advertising	\$
Insurance	\$
Maintenance and Repairs	\$
Supplies	\$
Payroll Expenses <i>(Salaries and wages for employees of the company)</i>	\$
Postage	\$
Rent	\$

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Licenses	\$
Taxes	\$
Telephone	\$
Travel/Transportation	\$
Utilities	\$
Other	\$
	\$
	\$
	\$
Total Expenses	\$

NET INCOME	
Gross Income	\$
Total Taxes and Expenses	\$
Total Net Income (Gross Income Minus Taxes and Expenses)	\$

I hereby declare that the above information regarding my personal business income is true.

 Client's Signature

 Date