

ANNUAL BUSINESS BUDGET

Debtor(s) _____
Case No. _____

Name of Business _____
Type of Business _____

INCOME

Source (1) _____ \$ _____
Source (2) _____
Source (3) _____

TOTAL INCOME

\$ _____

EXPENSES

Rent/Mortgage Payment _____
Repairs / Upkeep on Building _____
Electricity / Gas _____
Water/ Sewer _____
Telephone _____
Garbage _____
Security _____
Other Utilities _____
Insurance _____
 Property _____
 Commercial Liability _____
 Auto _____
Taxes _____
 940 _____
 County _____
 School _____
 City _____
Payment on Equipment _____
Rent/Lease on Equipment _____
Maintenance on Equipment _____
Fuel _____
Advertising _____
Bank Charges _____
Interest Expense _____
Depreciation Expense _____
Office Expense _____
Dues and Publications _____
Laundry/Cleaning _____
Supplies/Material _____
Freight _____
Travel/Entertainment _____
Wages/Salaries _____
Commissions _____
Employee Benefit Programs _____
Pension/Profit Sharing Plans _____
Production Costs _____
Other Expenses _____

TOTAL EXPENSES

\$ _____

NET INCOME

\$ _____