

Name: _____

Date of Submission: _____

FEASIBILITY STUDY
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FEASIBILITY STUDY

This tool will prepare you for the business plan development. It will also help refine your business idea.

The format is designed to allow you to insert your answer to the following questions and print. Once you have completed this study, you can print a copy and take it to your next appointment with your Vocational Rehabilitation Specialist.

LET'S get started and begin with...

SECTION I - MANAGEMENT SKILLS

What is your business idea?

What business/work experience do you have?

What managerial experience have you had?

Will this business be a <input type="checkbox"/> Sole Proprietorship, <input type="checkbox"/> Corporation, or <input type="checkbox"/> Partnership?
How will the company's management be structured?
How will your family/friends/community support you with the establishment of the business?
If family or friends are involved in the operation of this business, how will you address conflicts that may arise?
Will you be working with professional consultants such as accountants, financial counselors, or small business development professionals?

SECTION II - COMMITMENT/DESIRE/PERSISTENCE

What research have you conducted to determine if there are similar businesses currently operating?

What steps have you taken to develop your idea?

What are your short-term business goal(s)?

What are your long-term business goal(s)?
How much investment capital is required?
How much of this investment will be contributed by you?
How much of the investment will be contributed by other investors?
What accommodations, if any, are needed for your disability?
What type of commitment do you feel is necessary to make this business a success?

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How much time do you plan to spend each week working in the business?

SECTION III - TECHNICAL SKILLS/WORK EXPERIENCE

What is your educational background?

What is your computer skill level?

Are you familiar with financial reports? Do you know how to analyze the data they contain?

Do you have any accounting background?
What type of technical skills will this business require?
What type of work/hobby experience do you have in this area?
What type of related skills do you have that could be used in this business?

SECTION IV - MARKET DEMAND
What products/services will be offered?

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Who are your customers?

How large of a geographical area will you serve?
--

What research or information have you gathered which demonstrates the demand for your services/products?
--

What are the trends in the industry? What does the future hold for this industry?

Who are your competitors?

How do your competitors price their goods or services? Can you support this assertion by providing sample pricing?

What makes your business unique from similar businesses in the market?

How will you determine the pricing of your goods or services? What is your pricing strategy?

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What are you projecting your costs to be for the first year? For the first 3 years?

Where will the business be located?

Why is this location appropriate for your business?

How do you plan to promote the business?

How much of an investment do you plan to make in promoting your business?

Are there trade associations, clubs or expositions featuring your type of product or service that you can attend? Do you have a method for demonstrating your product or services at such events?

SECTION V - PERSONAL CREDIT/FINANCIAL SOLVENCY

How is your personal credit?

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Do you feel your disability has affected your personal credit?

--

Have you ever filed for bankruptcy? If yes, why?

--

Are you in default on any loans, including student loans?

--

What is your current personal financial situation (i.e., ability to pay bills, assets, etc.)?

--

How will revenues from your business impact SSA benefits, if you are currently receiving these benefits?

**Government of the District of Columbia
Department on Disability Services**



Name: _____

Date: _____

Feasibility Checklist for Individuals Interested in Starting a Small Business

Starting a new business can be a rewarding but also a difficult and risky experience. The following feasibility checklist is designed to help evaluate your general business and personal profile and to indicate where needed skills and training should be sought before proceeding. It is designed to help you screen out any ideas that may cause business failure. There is no right or wrong choice so please be honest with your answers.

GENERAL CONSIDERATIONS		YES	NO	Comments
1.	Have you worked in a business similar to the one you are planning to start?			
2.	Do you have any immediate family members who own or have owned a business?			
3.	Do you have any specialized skills/training or experience in the type of business being proposed?			
4.	Have you taken any courses or seminars on starting and managing a small business?			
5.	Have family and friends told you that self-employment would be a good fit for you?			
6.	*Are family and close friends ready to support your new business venture?			
7.	*Do you understand that owning a business may involve working 12-16 hours a day, possibly 6 days a week and holidays?			
8.	Are you prepared to lower your standard of living for several months or even a few years?			
9.	Do you realize your business may not show a profit for one to three years and you may not be able to take a salary for yourself during that time frame?			
10.	*Are you prepared to possibly lose your investment or your savings?			
11.	*Is there a market need for your type of business in your area?			
12.	Do you feel you have something new and different to offer your customers?			
13.	Do you know your target market or who will use your products/services?			
14.	Do you understand marketing trends involving your business?			

15.	Do you know where to find demographic data about your customers, i.e., average family size, age distribution and per capita income?			
GENERAL CONSIDERATIONS (continued)		YES	NO	Comments
16.	Are you aware of the already established competition for your product or service?			
17.	*Do you feel you have something that will differentiate yourself from your competitors?			
18.	If so, are you familiar with factors concerning your competitors' location, price structure, product lines, source of supply, promotional activities and image from a consumer's viewpoint?			
19.	Have any businesses of your type recently downsized or gone out of business?			
20.	Do you know why they downsized or closed?			
PERSONAL ASSESSMENT		YES	NO	Comments
21.	*Do you like to make your own decisions?			
22.	Do others turn to you for help in making decisions?			
23.	Do you enjoy competition?			
24.	Do you plan ahead and get things done on time?			
25.	Do you know which skills and areas of expertise are critical to the success of your project?			
26.	Do you have these skill sets?			
27.	Are you familiar using a computer or other technology for the business?			
28.	*Can you take advice from others?			
29.	Are you adaptable to changing conditions?			
30.	*Do you have the physical ability and stamina to handle the business?			
31.	*Do you have any legal proceeding, financially or criminally that could adversely impact the success of the business?			
32.	Can you be bonded or insured?			
33.	*Do you have the ability to obtain credit?			

34.	Are you knowledgeable as to what is your credit rating?			

PERSONAL ASSESSMENT (cont.)		YES	NO	Comments
35.	If not, do you know how to obtain your credit rating and FICO score?			
36.	Could you start your business without an outside loan or grant?			
37.	*Do you have any cash reserves for business expenses should you need it once you are in operation?			
38.	*Are you prepared to possibly earn less than you are currently in the next 1-3 years?			
39.	Have you previously owned your own product/service business?			
40.	*Did you close or sell your business voluntarily?			
PROJECT DESCRIPTION		YES	NO	Comments
41.	*Do you know what a business plan is and the importance of having one?			
42.	Do you have a business plan already written for your business?			
43.	If not, do you know the components of a business plan or where you can secure them?			
44.	Do you know where to get free training and counseling in writing or reviewing your business plan and other aspects of your business?			
45.	Are you aware what legal form of ownership is best for your business, (sole proprietorship, partnership, or a corporation type)?			
46.	Do you know if your business requires special licensing or permits and how to obtain them?			
47.	Can you make an itemized inventory list of operating supplies needed?			
48.	Have you identified suppliers and do you know delivery schedules, credit terms and sales of each supplier?			
49.	Do you know how to compute the start-up costs of your venture?			
50.	Do you know business accounting/bookkeeping and plan to do this task yourself or with the help of family members?			
51.	Will you be able to put together and			

interpret a 1-3 years Income Statement, Cash Flow and Balance Sheet?			
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PROJECT DESCRIPTION (cont.)		YES	NO	Comments
52.	If you are unsure of financial matters, will you be hiring a CPA (Accountant) while in business?			
53.	Do you know your necessary expenses for overhead, insurance, utilities, advertising, salaries, etc.?			
54.	Do you know how much selling expenses will be?			
55.	Are you aware of the major risks associated with your product/service?			
56.	Are there major questions remaining about your proposed venture?			
57.	Do these questions arise because of a lack of business data?			
58.	Do these questions arise because of a lack of management skills?			
59.	Are you planning to hire outside services for those areas you lack experience in?			
60.	Are you aware there is less than a 50-50 chance that you will be in business 2 years from now?			

**Government of the District of Columbia
Department on Disability Services**



Client Name:		Counselor:	
Name/ Type of Business:		Date Reviewed:	
BUSINESS PLAN CHECKLIST			
The Counselor should review the rehabilitation aspects of the Business Plan using this form to ensure that the Business Plan is acceptable from the rehabilitation perspective. If acceptable, the counselor then sends this completed form and the Business Plan to the Chief of Entrepreneurship or designee for final review and approval.			
Overall Content and Style	YES	NO	REMARKS/ CONTENT
1. Language is fluent and commonplace.	<input type="checkbox"/>	<input type="checkbox"/>	
2. Industry jargon is explained adequately.	<input type="checkbox"/>	<input type="checkbox"/>	
3. Plan avoids repetition and includes only repetition and includes only information relevant to the target audience.	<input type="checkbox"/>	<input type="checkbox"/>	
4. Plan targets the reader.	<input type="checkbox"/>	<input type="checkbox"/>	
5. The plan is in an active voice.	<input type="checkbox"/>	<input type="checkbox"/>	
6. Uses word like "will" instead of "may"	<input type="checkbox"/>	<input type="checkbox"/>	
Business Description Checklist	INCLUDED	NEEDED	REMARKS/ CONTENT
1. List of owners	<input type="checkbox"/>	<input type="checkbox"/>	
2. Personal Financing guarantees	<input type="checkbox"/>	<input type="checkbox"/>	
3. Current Industry trends	<input type="checkbox"/>	<input type="checkbox"/>	
4. Supply of and demand for product and service	<input type="checkbox"/>	<input type="checkbox"/>	
5. Potential owner's background information (including management/ industry experience)	<input type="checkbox"/>	<input type="checkbox"/>	
6. Business advisor's information	<input type="checkbox"/>	<input type="checkbox"/>	
Target Market/ Marketing Checklist	INCLUDED	NEEDED	REMARKS/ CONTENT
1. Business owner's customer philosophy	<input type="checkbox"/>	<input type="checkbox"/>	
2. Business' image described	<input type="checkbox"/>	<input type="checkbox"/>	
3. Market's unsatisfied need for product or service	<input type="checkbox"/>	<input type="checkbox"/>	
4. Geographic description of the market	<input type="checkbox"/>	<input type="checkbox"/>	
5. History and projected trends (e.g. growth)	<input type="checkbox"/>	<input type="checkbox"/>	
6. Demographics of potential customers	<input type="checkbox"/>	<input type="checkbox"/>	
7. Rationale for business' location	<input type="checkbox"/>	<input type="checkbox"/>	
8. Competitor's weaknesses and strengths	<input type="checkbox"/>	<input type="checkbox"/>	
9. Compares proposed business' product/ service with competitor/s	<input type="checkbox"/>	<input type="checkbox"/>	
10. Methods for gaining market share	<input type="checkbox"/>	<input type="checkbox"/>	

11. Message communicated to potential customers about the product or service.	<input type="checkbox"/>	<input type="checkbox"/>	
12. Discusses all promotional activities	<input type="checkbox"/>	<input type="checkbox"/>	
13. Rationale for selecting proposed advertising media, including estimated cost and effectiveness	<input type="checkbox"/>	<input type="checkbox"/>	
14. Methods for assessing customer satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	
Operations Plan Checklist	INCLUDED	NEEDED	REMARKS/ CONTENT
1. Materials description and supplier relationships	<input type="checkbox"/>	<input type="checkbox"/>	
2. Business location and reason for its selection	<input type="checkbox"/>	<input type="checkbox"/>	
3. Operation costs	<input type="checkbox"/>	<input type="checkbox"/>	
4. Addresses need for and includes if appropriate necessary licenses,	<input type="checkbox"/>	<input type="checkbox"/>	
5. permits and zoning, insurance, tax ID, and ownership forms	<input type="checkbox"/>	<input type="checkbox"/>	
6. Capital equipment list, description, and costs	<input type="checkbox"/>	<input type="checkbox"/>	
7. Describes production methods including labor projections, safety precautions and environmental safeguards	<input type="checkbox"/>	<input type="checkbox"/>	
8. Describes the management format and organizational structure	<input type="checkbox"/>	<input type="checkbox"/>	
9. Describes staffing requirements, staff qualifications, and wage rates	<input type="checkbox"/>	<input type="checkbox"/>	
10. Lists any services, such as bookkeeping or cleaning, that will be outsourced	<input type="checkbox"/>	<input type="checkbox"/>	
Financial Plan Checklist	YES	NO	REMARKS/ CONTENT
1. Projected Income Statement for 2-3 years	<input type="checkbox"/>	<input type="checkbox"/>	
2. Projected Balance Sheet for 2-3 years	<input type="checkbox"/>	<input type="checkbox"/>	
3. Projected Cash-Flow Statement for 2-3 years	<input type="checkbox"/>	<input type="checkbox"/>	
4. Break-even analysis	<input type="checkbox"/>	<input type="checkbox"/>	
5. Personal Financial Statements	<input type="checkbox"/>	<input type="checkbox"/>	
6. Credit Report	<input type="checkbox"/>	<input type="checkbox"/>	
7. Need for and Sources of Cash Statement	<input type="checkbox"/>	<input type="checkbox"/>	
8. Equipment List	<input type="checkbox"/>	<input type="checkbox"/>	
Break-Even Analysis Checklist	YES	NO	REMARKS/ CONTENT
1. Does the market and customer	<input type="checkbox"/>	<input type="checkbox"/>	

research inspire confidence that customers who will buy the product exist?			
2. Does the research inspire confidence that customers will pay the product's price?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Is the product's price justified?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Does the production schedule and marketing plan support the product's price?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Does the description of current and future employees appear adequate to meet current and projected production goals?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Does the description of current and future employees appear to support the product's price?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Are supporting documents included?			
General Considerations	ACCEPTABLE	NEEDS REVISION	REMARKS/ COMMENTS
1. Business meets the definition of a new self-employment venture.	<input type="checkbox"/>	<input type="checkbox"/>	
2. An assessment of the individual's skills, interests, interpersonal skills, training, work experience, and vocational aptitude show that the individual has a required training, skills and experience relative to the profession and business management/ operation.	<input type="checkbox"/>	<input type="checkbox"/>	
3. Individual will be personally involved in the management and daily operations of the enterprise.	<input type="checkbox"/>	<input type="checkbox"/>	
4. The business will be designed to be the major source of income for the individual and will meet competitive employment standards.	<input type="checkbox"/>	<input type="checkbox"/>	
5. Individual's functional abilities are compatible with the specific job functions. If not, there are specific plans for accommodations.	<input type="checkbox"/>	<input type="checkbox"/>	
6. Individual currently has a support system including necessary transportation, child care, attendant care, stable living situation, etc.	<input type="checkbox"/>	<input type="checkbox"/>	
7. The current financial and legal status of the individual allows him/her to pursue this venture. (i.e. bankruptcy, criminal record) If there are financial or legal issues, they must be resolved of have a plan for resolution in place.	<input type="checkbox"/>	<input type="checkbox"/>	

<p>8. Counselor has reviewed the Self-Employment Process with the individual and the individual understands the role of VR.</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>9. Based on all acceptable responses, the individual supports the decision of the individual in this self-employment venture and will refer the individual's Business Plan, with appropriate documentation for plan review, recommendations and approval by the Chief of Entrepreneurship or designee.</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>SUMMARY OF RECOMMENDED REVISIONS AND FEASIBILITY OF THE BUSINESS PLAN</p>			
<p>VR Specialist's Signature</p> <p>_____</p> <p>VR Specialist</p>	<p>Date</p>		

Monthly Personal And Living Expenses

	Month 1 Amount	Month 2 Amount	Month 3 Amount
Dwelling:			
Rent Payment			
House Payment			
Property Tax			
House Repair			
Miscellaneous Expenses (lawn mowing, cleaning, snow shoveling)			
Homeowner's Association Dues			
Insurance			
Furniture/Appliance Payments			
Transportation			
Car Payment(s)			
Other Vehicle Payment(s)			
Vehicle Upkeep/Repair			
Fuel			
Insurance			
License(s)			
Public Transportation			
Utilities			
Telephone			
Gas			
Electricity			
Water			
Trash			
Personal			
Groceries			
Dining Out			
Entertainment			
Tobacco Products			
Medical/Dental/Vision Insurance			
Clothing			
Laundry/Dry Cleaning			

Medical/Dental/Vision/Hospital Exp			
Prescriptions			
Education			
Credit Card Payments			
Loan Payments			
Pets			
Dues & Subscriptions			
Gifts			
Donations			
Travel			
Cable TV			
Personal			
Hobbies/Crafts			
Music			
Personal Assistant			
Assistive technology purchase, payments & maintenance			
Internet Access			
Other:			
Monthly Total	\$0.00	\$0.00	\$0.00

Average Expenses per Month (Monthly Totals ÷ 3months)

\$0.00

Sources of Income:

Source	Amount per Month
Total	\$0.00

ENTREPRENEUR'S INVENTORY

NAME		DATE				
ENTREPRENEUR'S INVENTORY						
This inventory helps determine your potential for success as an entrepreneur.						
A	Life Experience Index: Circle the number that matches your response.	TRUE	FALSE			
1	I have a close relative who is, or was, in business for him/herself.	1	2			
2	I have friends who own and operate a business.	1	2			
3	I have worked in a small business where I had close contact with the owner.	1	2			
4	I have owned or been a part-owner in a previous venture.	1	2			
5	I have worked in a small division of a large business where I had close contact with the division chief.	1	2			
6	As a child, I was involved in money-making projects such as lemonade stands, paper routes, babysitting, etc.	1	2			
7	I have lived in three or more cities in my life.	1	2			
8	I have been fired or quit because of disagreements with my boss.	1	2			
9	I have work experience in a variety of areas.	1	2			
10	I have had bosses reject my "better mousetrap" ideas.	1	2			
11	I am between 30 and 40 years of age.	1	2			
12	My spouse or family supports my work.	1	2			
13	My subordinates respect me and work hard for me, even if they do not like me.	1	2			
14	I find it easy to get along with people.	1	2			
15	When a problem arises, I usually figure out a way to solve it.	1	2			
16	I like to do things rather than plan things.	1	2			
17	What happens to me is what I make happen, not the result of luck or fate.	1	2			
B	Personality Index: Circle the number on the scale of 1-5 that corresponds to your reaction to each statement.	Strongly Disagree Agree				
	Compared to others . . .	1	2	3	4	5
1	I have a high level of energy and drive.	1	2	3	4	5
2	I am self-confident.	1	2	3	4	5
3	I usually do not get uptight in ambiguous or uncertain situations.	1	2	3	4	5
4	I set long-term goals and stick to them.	1	2	3	4	5
5	I set realistic but ambitious goals for myself.	1	2	3	4	5
6	I like to set my own standards for performance when I undertake a task.	1	2	3	4	5
7	I like to get feedback on my performance.	1	2	3	4	5
8	I do not believe in perfect solutions, only in the best solution for the situation.	1	2	3	4	5
9	I get as much information as possible before making a	1	2	3	4	5

ENTREPRENEUR'S INVENTORY

	decision.					
10	I prefer games of skill over games of chance.	1	2	3	4	5
11	I do not get overly anxious about the consequences of my decisions.	1	2	3	4	5
12	I view failure as a learning experience and am not too discouraged by it.	1	2	3	4	5
13	I like solving challenging problems.	1	2	3	4	5
14	Routine and repetitive tasks bore me.	1	2	3	4	5
15	I ask for help if I need it to accomplish my goals.	1	2	3	4	5
16	My success depends on my performance.	1	2	3	4	5
17	I enjoy situations that require my initiative and depend on me for their success or failure.	1	2	3	4	5
18	I am self-reliant.	1	2	3	4	5
19	I am a self-starter.	1	2	3	4	5
20	I feel money is more important as a measure of my success than for what it can buy.					
C	Motivation/Accommodation Index: Circle the number on the scale of 1-5 that corresponds to your reaction to each statement.	Strongly Disagree Agree				
	Compared to others . . .	1	2	3	4	5
1	I am willing to make work my first priority, ahead of my family and friends.	1	2	3	4	5
2	I am willing to invest (and possibly lose) my life savings.	1	2	3	4	5
3	I am willing to change my standard of living to accommodate the financial needs of my business.	1	2	3	4	5
4	I see building and running a business as an all-consuming way of life.	1	2	3	4	5
5	I like finding creative ways to do things.	1	2	3	4	5
6	I do not like to just do things better, I like to find new ways to do things.	1	2	3	4	5
7	I like working as a team with other people.	1	2	3	4	5
8	I feel comfortable being the boss.	1	2	3	4	5
9	I like to profit from the work of my employees.	1	2	3	4	5
10	I have a firm sense of business ethics.	1	2	3	4	5
11	I value honesty, dependability, and reliability over making a quick buck at the customer's expense.	1	2	3	4	5
D	Business Readiness Index: Circle the number on the scale of 1-5 to indicate your knowledge and/or readiness in the areas addressed.	LOW HIGH				
		1	2	3	4	5

ENTREPRENEUR'S INVENTORY

1	How right are the times are for starting your business? How would you rate the current economic climate?	1	2	3	4	5
2	How much do you know about the operations of the kind of business you want to start?	1	2	3	4	5
3	How well do you know your goals for the size and profitability of your business in years 1-5?	1	2	3	4	5
4	How sure are you that a market exists for your product or service?	1	2	3	4	5
5	How well do you know your competition and why customers will choose you over them?	1	2	3	4	5
6	How well can you identify your target market?	1	2	3	4	5
7	How knowledgeable are you about the buying habits of your customers?	1	2	3	4	5
8	How clear are you about the amount of money you will need to start and operate your business for the first year?	1	2	3	4	5
9	How clear are you about the amount of money you will need to make from the business to support your family?	1	2	3	4	5
10	How certain are you of the amount of estimated start-up capital you can raise from your savings and other assets?	1	2	3	4	5
11	How clear are your estimates for the amount of money you will need to run the business in years 2 and 3?	1	2	3	4	5
12	How sure are you that the business can give you an adequate return on your investment of time and money?	1	2	3	4	5
13	If you could make twice as much money working for someone else as running your own business, how certain are you that you would start the business?	1	2	3	4	5
14	How would you evaluate your credit rating and financial reputation in your community?	1	2	3	4	5

SCORING KEY

A. Life Experience: Count the number of “true” answers (1's) you gave and find your score below.

# TRUEs	SCORE FOR SECTION A	# TRUEs	SCORE FOR SECTION A
13-17	5	4-6	2
10-12	4	0-3	1
7-9	3	# TRUE:	SCORE:
B,C & D	Personality, Motivation, and Readiness: Add the circled numbers in each section and calculate their average to determine your score for B, C, & D.		
B	Personality: Total score _____ ÷ 20 = _____ average score		
C	Motivation: Total score _____ ÷ 11 = _____ average score		
D	Readiness: Total score _____ ÷ 14 = _____ average score		

ENTREPRENEUR'S INVENTORY

ENTREPRENEURIAL PROFILE					
5					
4					
3					
2					
1					
	A Experience	B Personality	C Motivation	D Readiness	

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT ON DISABILITY SERVICES**



Name:		DOB:	
Counselor:		Date:	
SELF-EMPLOYMENT REVIEW AND APPROVAL FORM			
Self-Employment Goal:			
Business Plan Submitted?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Initial cost estimate needed to operate business: \$			
Business Funding Source:			
Individual Contribution:\$		Loan: \$	
Non-monetary Equity:			
DCRSA Contribution: VR Services and/or Goods			
SERVICES/ GOODS	ESTIMATED CO\$T	PROVIDER	
Reviewed by:		Date:	
VR Specialist			
Recommended for Approval:		Date:	
Supervisory VR Specialist			
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		Date:	
DDS RSA Deputy Director			
Remarks:			

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT ON DISABILITY SERVICES**



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**Government of the District of Columbia
Department on Disability Services**



Name: _____ SSN (Last 4): _____
 Counselor: _____ Date: _____
 Business: _____ Name of Business: _____
 Location: _____
 Reporting Month: _____

Month 1 Month 2 Month 3 Others: _____

REPORT OF BUSINESS INCOME AND EXPENSES	
A. Income:	\$
(Breakdown sources of income)	
SUBTOTAL/ GROSS	\$
B. Expenses:	
(List expense items)	
SUBTOTAL	
NET INCOME: A – B	\$
I certify that the income and expenses reported herein are true, correct and have been verified.	
Signature:	Date: