BUSINESS INCOME	JANUARY 1 TO DATE (1)	ESTIMATED NOW THROUGH DEC. 31 (2)	TOTAL ESTIMATED (Col. 1 & 2)
COST OF GOODS SOLD	()		,
Inventory at beginning of year			
Purchases less cost of items for personal use			
3. Cost of labor (do not include your own salary)			
4. Materials and supplies			
5. Other costs			
6. Add Lines 1-5			
7. Less estimated inventory at end of year			
8. TOTAL COST OF GOODS			
INCOME			
9. Gross receipts or sales minus returns			
10. Cost of goods sold (from Line 8)			
11. GROSS PROFIT (Line 9 minus Line 10)			
DEDUCTIONS			
12. Advertising			
13. Bad debts			
14. Bank service charges			
15. Car and truck expenses			
16. Commissions			
17. Dues and publications			
18. Employee benefit programs			
19. Freight			
20. Insurance			
21. Interest payments			
22. Laundry and cleaning			
23. Legal and professional services			
24. Office expense			
25. Pension and profit-sharing plans			
26. Rent on business property			
27. Repairs			
28. Supplies 29. Taxes			
30. Travel, meals, entertainment			
31. Utilities and phone			
32. Wages			
33. Other expenses			
34. TOTAL BUSINESS DEDUCTIONS (Line 12-33)			
35. NET BUSINESS PROFIT (Line 11 minus Line 34)			
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I certify that the information given above is true, correct and complete to the best of my knowledge. I understand that knowingly giving false information may result in a fine, imprisonment or both, and that I must pay back any benefits received as a result of giving wrong information. I agree to notify the county social service board whenever there are changes in the above information, and to refund the value of unused fuel purchased by LIHEAP upon request.

Signature:	Date:

	JANUARY 1 TO DATE (1)	ESTIMATED NOW THROUGH DEC. 31 (2)	TOTAL ESTIMATED (Col. 1 & 2)
FARM INCOME			
1. Crop sales			
2. CCC loans (if considered income)			
3. Custom machine work			
Patronage dividends			
5. Government program payments			
6. Crop insurance proceeds			
7. Livestock product sales			
8. Profit from sale of purchased livestock			
9. Raised livestock sales			
10. Other			
11. TOTAL FARM INCOME (Lines 1 through 10)			
FARM EXPENSES			
12. Hired labor			
13. Repairs-vehicles mach., bldgs.			
14. Land rent			
15. Seed			
16. Fertilizer			
17. Chemicals			
18. Machine hire			
19. Crop and general supplies			
20. Farm fuel			
21. Insurance			
22. Real Estate Taxes			
23. Utilities			
24. Interest			
25. Livestock supplies			
26. Vet. fees, medicine			
27. Purchased feed			
28. Other			
29. Taxes			
30. TOTAL FARM EXPENSES (Lines 12 through 29)			
31. NET FARM PROFIT (Line 11 minus Line 30)			

I certify that the information given above is true, correct and complete to the best of my knowledge. I understand that knowingly giving false information may result in a fine, imprisonment or both, and that I must pay back any benefits received as a result of giving wrong information. I agree to notify the county social service board whenever there are changes in the above information, and to refund the value of unused fuel purchased by LIHEAP upon request.

Signature:	Date: