

Business Name: _____ Business Address: _____
 Business City, St. & Zip: _____ Business Phone: _____
 Business Owner: _____ Business Type: _____
 Patient Name: _____ Date of Birth: _____

MONTH: MONTH: MONTH:

GROSS INCOME

Total Gross Income			
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Operating Expenses (Business /Not Personal)

Sales , General and Administrative

Advertising / Direct Marketing			
Employee Wages / Employee Salaries / Employee Benefit Programs			
Office & Equipment Repairs or Maintenance Expenses			
Supplies			
Rent (Office)			
Rent (Equipment)			
Bills for Business: (Telephone, Utilities, Water, Garbage, etc)			
Licenses and Fees / Legal & Professional Fees / Dues & Subscriptions			
Insurance (specify)			
Other Expenses (specify)			
Total Operating Expenses			

MONTH: MONTH: MONTH:

MONTHLY PERSONAL WAGE / SALARY / DRAW

Total of Monthly Personal Wage / Salary / Draw			
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MONTH: MONTH: MONTH:

TOTAL INCOME FROM OPERATIONS

Total Income (= Gross Income – Total Operating Expenses)			
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I certify by my signature that this information is a true and accurate account of my self-employment income.

Signature of Owner: _____ Date: _____

In accordance with public law s.817.50 F.S., providing false information to defraud a hospital for the purposes of obtaining goods or services is a misdemeanor in the second (2nd) degree.