



Business Name:

DSA # / EIN:

for the month of

, 20

ACCT REP:

YOUR EMAIL:

Check here for your P&L to be sent via email

MONTHLY REPORT Page 1 of 2

CHECKING ACCOUNT STATEMENT INFORMATION TOTALS

Table with 2 columns: Description and Amount. Rows include Bank Charges, Deposits & Cash Received, Proceeds from Sale of Route or Other Asset, Transfers into Business Account from Personal or Business Savings, and Ending Balance from Business Checking Account.

DSA MINIBOOK & HOME OFFICE TOTALS

Table with 3 columns: Description, Amount, and Unit. Rows include Personal Vehicle Mileage (Business Use Only), Business Related Meals, and Home Office Expenses (Sole Proprietors Only).

WEEKLY SETTLEMENT SUMMARY Week 1 Week 2 Week 3 Week 4 Week 5 if needed TOTALS

This section is for Settlement expenses only - please do not include these expenses on page 2 of the Monthly Report

Table with 7 columns: Description, Week 1, Week 2, Week 3, Week 4, Week 5 if needed, and TOTALS. Rows include Equipment Lease, Business Supplies, Truck Insurance, Truck Lease, DSA Tax & Book fee, Pull Up fee / Relief fee, Spare Vehicle, Communication fee, Route Loan, Route Loan (or DSA Loan), and Other.



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MONTHLY REPORT Page 2 of 2

MONTHLY EXPENSES FROM CHECKING ACCOUNT STATEMENT & DSA MINIBOOK

TOTALS

19	<b>Transfers (or withdrawals) to your Personal Account</b>	\$
20	<b>Transfers to your Business Savings Account</b>	\$
21	<b>Fees &amp; Licenses</b> <i>Please provide details:</i>	\$
22	<b>Legal &amp; Accounting</b> <i>Do not include from Settlement</i>	\$
23	<b>Office Supplies &amp; Recommended Work Clothing, etc.</b> <i>Do not include from Settlement</i>	\$
24	<b>Business Cell Phone</b>	\$
25	<b>Part Time, Merchandiser or Service Contractor Help</b> <i>Do not include from Settlement</i>	\$
26	<b>Payments to Product Suppliers (Bakeries)</b> <i>By Check Only / Do not include from Settlement</i>	\$
27	<b>Payroll Taxes</b> <i>If Incorporated; Federal 941, State Unemployment, Withholding, or Other</i>	Federal 941: \$
	<i>Please Mark One:</i> <input type="checkbox"/> Qtr 1 <input type="checkbox"/> Qtr 2 <input type="checkbox"/> Qtr 3 <input type="checkbox"/> Qtr 4	State: \$
28	<b>Estimated Income Tax Payments</b> <i>Made for your Personal Income Taxes</i>	IRS (1040-ES): \$
	<i>Please Mark One:</i> <input type="checkbox"/> Qtr 1 <input type="checkbox"/> Qtr 2 <input type="checkbox"/> Qtr 3 <input type="checkbox"/> Qtr 4	State: \$
29	<b>Insurance - Health</b> <i>Please provide type &amp; details:</i>	\$
30	<b>Insurance - Other</b> <i>Do not include from Settlement / Please provide type &amp; details:</i>	\$
31	<b>Lease or Rent</b> <i>Business Related Only / Do not include from Settlement / Please provide details:</i>	\$
32	<b>Loan Payments</b> <i>Submit Major Change Form - Routes &amp; Assets for new loans / Do not include from Settlement</i>	\$
33	<b>Vehicle Repair &amp; Maintenance</b> <i>Business Vehicle Only</i>	\$
34	<b>Vehicle Gas, Oil &amp; Tolls</b> <i>Business Vehicle Only</i>	\$
35	<b>Total Miscellaneous</b> <i>Please provide details:</i>	\$

If space above is limited, please report detail here:

Line #	Payee Name	Description	Amount
			\$
			\$
			\$
			\$