204B

Vermont Department for Children and Families
Economic Services Division

Fact Sheet
Business Income and Expenses
Sole Proprietorship

Participant names Nancy dumont Social security number 030-64-0942

Description of business or trade: Real Estate Sales

Part I Income

1.	Gross receipts or sales	$	0
2.	Returns and allowances	$	0
3.	Line 1 minus Line 2	$	

Cost of Goods Sold

4.	Beginning inventory	$	
5.	Plus purchases	$	
6.	Inventory available for sale (*Line 4 plus Line 5*)	$	
7.	Ending inventory	$	
8.	Cost of goods sold (*Line 6 minus Line 7*)	$	
9.	Gross income (*Line 3 minus Line 8*)	$	0

Part II Expenses

10.	Advertising	$	0
11.	Car and truck expenses (*use IRS standard mileage rate or actual cost*)	$	420
12.	Commissions and fees	$	0
13.	Insurance, health and welfare programs for your employees	$	0
14.	Mortgage interest (*business part*) other business interest	$	0
15.	Pension and profit sharing plans for your employees	$	0
16.	Rent or lease expense	$	0
17.	Repairs and maintenance	$	NA 0 17.00
18.	Wages for your employees	$	0
19.	Other expenses	$	0
20.	Total expenses (*add Lines 10 through 19*)	$	NA 0 437.00
	Net Profit or Loss (*Line 9 minus Line 20*)	$	-437.00

Please indicate verification sources of business income and expenses _____

beginning period from April 1 to April 30. 2019 5/20/19

Remember to convert net profit or loss to a monthly amount.

Eligibility worker _____ Date completed _____

R 1/10

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Economic Services Division

Fact Sheet
Business Income and Expenses
Sole Proprietorship

Participant names Nancy duMont Social security number 030-64-0942

Description of business or trade:
Real Estate Sales

Part I	**Income**		
1.	Gross receipts or sales	$	0
2.	Returns and allowances	$	0
3.	Line 1 minus Line 2	$	0
	Cost of Goods Sold		
4.	Beginning inventory	$	
5.	Plus purchases	$	
6.	Inventory available for sale (*Line 4 plus Line 5*)	$	
7.	Ending inventory	$	
8.	Cost of goods sold (*Line 6 minus Line 7*)	$	0
9.	Gross income (*Line 3 minus Line 8*)	$	0
Part II	**Expenses**		
10.	Advertising	$	100
11.	Car and truck expenses (*use IRS standard mileage rate or actual cost*)	$	420
12.	Commissions and fees	$	0
13.	Insurance, health and welfare programs for your employees	$	0
14.	Mortgage interest (*business part*) other business interest	$	0
15.	Pension and profit sharing plans for your employees	$	0
16.	Rent or lease expense	$	0
17.	Repairs and maintenance	$	0
18.	Wages for your employees	$	0
19.	Other expenses Education	$	$50
20.	Total expenses (*add Lines 10 through 19*)	$	570
Net Profit or Loss (*Line 9 minus Line 20*)		$	-570

Please indicate verification sources of business income and expenses _____

beginning period from May 1 to May 20. 2019 5/20/19

Remember to convert net profit or loss to a monthly amount.

Eligibility worker _____ Date completed _____

R 1/10