



FINANCIAL STATEMENT OF CLUB OPERATIONS

NAME OF CLUB \_\_\_\_\_

Address \_\_\_\_\_ City or Town \_\_\_\_\_

Statement for Month Ending \_\_\_\_\_ 20 \_\_\_\_\_ Membership to Date \_\_\_\_\_ License No. \_\_\_\_\_

STATEMENT OF PROFIT AND LOSS

INCOME FOR MONTH		OPERATING EXPENSES	
Sale of Liquor	\$ _____	Rent (Indicate to whom paid in space (d) below)	\$ _____
Sale of Beer	_____	Salaries (Itemize in space (f) below)	_____
Dues	_____	Heat, Light, Water, Telephone	_____
Miscellaneous (Itemize in space (e) below)	_____	Insurance and Interest	_____
(a) Total Income	\$ _____	Repairs and Alterations	_____
COSTS OF GOODS SOLD		Janitorial Services & Supplies	_____
Inventory Beginning:	\$ _____	Taxes	_____
Liquor	_____	Donations	_____
Beer	_____	Licenses	_____
Bar Supplies	_____	Transportation	_____
Miscellaneous	_____	Socials & Benefits	_____
Total	\$ _____	Entertainment	_____
Add – Purchases:	\$ _____	Loss and Waste	_____
Liquor	_____	Contract Service Expense	_____
Beer	_____		
Bar Supplies	_____		
Miscellaneous	_____		
Total	\$ _____	(c) Total Expenses	\$ _____
Merchandise Available	\$ _____	PROFIT AND LOSS	
Deduct – Inventory Ending:		(a) Total Income	\$ _____
Liquor	_____	(b) Less – Costs of Goods Sold	_____
Beer	_____	Gross Profit (or Loss)	_____
Bar Supplies	_____	(c) Less – Operating Expenses	_____
Miscellaneous	_____	Net Profit (or Loss)	\$ _____
Total	\$ _____		
Merchandise Available	\$ _____		
(b) Costs of Goods Sold	\$ _____		

Rent (To Whom Paid)

(d) Name Amount

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Miscellaneous Income

(e) Itemize Amount

Sundries – Food \$ \_\_\_\_\_

Socials Etc. \$ \_\_\_\_\_

Commissions \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Salaries

(f) Name Amount

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

BALANCE SHEET

ASSETS	First of Month	Last of Month	LIABILITIES & SURPLUS	First of Month	Last of Month
Checking Account	\$ _____	\$ _____	Accounts Payable	\$ _____	\$ _____
Savings Account	\$ _____	\$ _____	Notes Payable	\$ _____	\$ _____
Cash on Hand	\$ _____	\$ _____	Mortgage Payable	\$ _____	\$ _____
Petty Cash or Change Fund	\$ _____	\$ _____	Taxes Payable	\$ _____	\$ _____
Merchandize Inventory	\$ _____	\$ _____	Surplus	\$ _____	\$ _____
Bonds	\$ _____	\$ _____	Total Liabilities & Surplus	\$ _____	\$ _____
Real Estate	\$ _____	\$ _____	Note: Assets for each month should balance with Liabilities and Surplus		
Furniture and Equipment	\$ _____	\$ _____			
Total Assets	\$ _____	\$ _____			

– CERTIFICATION TO THE COMMISSIONERS –

I/We declare, under the provisions of Title XIII and punishable under RSA 641:3 (Unsworn Falsification), that I am authorized to sign on behalf of the business entity providing this report; that I have examined all of the information provided on or with this report; that any information I give may be investigated as allowed by law; that the information is true, correct, and complete to the best of my knowledge and belief and made in good faith.

(Date) (Name of Officer) (Officer Title) (Term Expiration Date) (Officers Signature)

(Date) (Name of Officer) (Officer Title) (Term Expiration Date) (Officer's Signature)

This Statement shall be forwarded to the Commission prior to the fifteenth (15) day of the following month. Subject to administrative action if late.

– COMMISSION USE –

(Date Received) (Days Late) (Analyzed By) (Date Analyzed) (Audited by) Date Audited

– COMMISSION REMARKS –