

State of New Hampshire
STATE LIQUOR COMMISSION

50 Storrs St
Concord NH
03301

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 | _____ |
| <hr/> | | Janitorial Services & Supplies | _____ |
| COSTS OF GOODS SOLD | | Taxes | _____ |
| Inventory Beginning: | \$ _____ | Donations | _____ |
| Liquor | _____ | Licenses | _____ |
| Beer | _____ | Transportation | _____ |
| Bar Supplies | _____ | Socials & Benefits | _____ |
| Miscellaneous | _____ | Entertainment | _____ |
| Total | \$ _____ | Loss and Waste | _____ |
| Add – Purchases: | \$ _____ | Contract Service Expense | _____ |
| Liquor | _____ | | |
| Beer | _____ | (c) Total Expenses | \$ _____ |
| Bar Supplies | _____ | | |
| Miscellaneous | _____ | PROFIT AND LOSS | |
| Total | \$ _____ | (a) Total Income | \$ _____ |
| Merchandise Available | \$ _____ | (b) Less – Costs of Goods Sold | _____ |
| Deduct – Inventory Ending: | | Gross Profit (or Loss) | _____ |
| Liquor | _____ | (c) Less – Operating Expenses | _____ |
| Beer | _____ | Net Profit (or Loss) | \$ _____ |
| Bar Supplies | _____ | | |
| Miscellaneous | _____ | | |
| Total | \$ _____ | | |
| Merchandise Available | \$ _____ | | |
| (b) Costs of Goods Sold | \$ _____ | | |

| Rent (To Whom Paid) | | Salaries | |
|---------------------|----------|----------|----------|
| (d) | Name | (f) | Name |
| | Amount | | 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 | \$ _____ | \$ _____ |
| Merchandise Inventory | \$ _____ | \$ _____ | Surplus | \$ _____ | \$ _____ |
| Bonds | \$ _____ | \$ _____ | Total Liabilities & Surplus | \$ _____ | \$ _____ |
| Real Estate | \$ _____ | \$ _____ | | | |
| Furniture and Equipment | \$ _____ | \$ _____ | | | |
| Total Assets | \$ _____ | \$ _____ | | | |

Note: Assets for each month should balance with Liabilities and Surplus

– CERTIFICATION TO THE COMMISSIONERS –

I/We certify and affirm declare that all answers herein above contained are true and correct to the best of my/our knowledge and belief and understand that this statement is made subject to the penalties of unsworn falsification described in RSA 641:3.

(Date) _____ (Officers Signature) _____ (Title) _____ (Expiration Date) _____
 (Date) _____ (Officers Signature) _____ (Title) _____ (Expiration Date) _____

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: _____ Late: _____ Days) (Analyzed by: _____ Date: _____) (Audited by: _____ Date: _____)

– REMARKS –