Corporation Name _____

Tax Year _____

Month	Lottery Commission	ATM Commission	COAM Commission	Money Order Commission	Check Cashing Commission	Other Incomes	Rebates	Cash Purchases	Fuel Purchases	Credit Card Fees
January	$	$	$	$	$	$	$	$	$	$
February	$	$	$	$	$	$	$	$	$	$
March	$	$	$	$	$	$	$	$	$	$
April	$	$	$	$	$	$	$	$	$	$
May	$	$	$	$	$	$	$	$	$	$
June	$	$	$	$	$	$	$	$	$	$
July	$	$	$	$	$	$	$	$	$	$
August	$	$	$	$	$	$	$	$	$	$
September	$	$	$	$	$	$	$	$	$	$
October	$	$	$	$	$	$	$	$	$	$
November	$	$	$	$	$	$	$	$	$	$
December	$	$	$	$	$	$	$	$	$	$
Total	**$**	**$**	**$**	**$**	**$**	**$**	**$**	**$**	**$**	**$**

Instructions

1.) **Please provide year end totals, or monthly details (if available).**

Please fax spreadhseet (fax # 404-361-8081),

or email

ravi@thesummitcpa.com

2.) **Closing Inventory at Cost as of 12/31**

Grocery $

Fuel $

3.) **Details of Loans (if any)**

Principal balance as of 12/31 $

Interest paid as of 12/31 $

This is to state the above information is true and correct.

_____

SIGNATURE