

Kaiser Permanente Profit & Loss Statement

This form is for self-employed applicants only.

Business Owner		Type of Business		
Business Address		City	State	ZIP

Please provide financial information for the most recent 3 months:

Month	Month	Month
Year	Year	Year
Gross Income (before taxes) \$	Gross Income (before taxes) \$	Gross Income (before taxes) \$
Expenses/Deductions 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____	Expenses/Deductions 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____	Expenses/Deductions 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____
Total Expenses \$	Total Expenses \$	Total Expenses \$
Net Profit \$	Net Profit \$	Net Profit \$

I understand that any false information will result in the denial of my application for the Kaiser Permanente Bridge Program.

Signature

Date