

Printable Accounting

Please fill in the following details

Registered Company Name

Country of operation

Company Registration Number

Nature of business

Currency

Contact Details

Cell phone number

Office Number

Email Address

Post Office Address

Postal Code

City/Town

Please fill in the following details

Accounting period From to

Estimated monthly sales

Total income from sales

Other sources of income (Please specify)

Working capital

Inventory turn over ratio

Working Capital to Total Assets ratio

Total Assets

Estimated monthly expenses

Total expenses

Gross profit for the period

Earnings before tax and interest

Net Earnings