

Store Name: _____

Year: _____

Month: _____

	Sales			Cash Purchases		Other Expenses	
	Store Sales	Gasoline	Diesel	Non-Taxable	Taxable	Miscellaneous	Description
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
Totals							

Inc	Gasoline	Diesel
Gallons Sold		
Gas Commissions	\$	\$
M.O. Payables	\$	
M.O. Fees	\$	
Chk Csh Fees	\$	
Food Stamps	\$	
Phone Comm	\$	
Cig Buydowns	\$	
x	Indicates Included in Total Sales	

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Fax: 805-984-6732

Check List	
<input checked="" type="checkbox"/>	Daily Sale Sheet
<input type="checkbox"/>	Check Stubs
<input type="checkbox"/>	Bank Statements
<input type="checkbox"/>	Lottery & Lotto Wkly Reports
<input type="checkbox"/>	Tax Forms
<input type="checkbox"/>	Contracts & Loan Papers
<input type="checkbox"/>	Cigarette Display & other Rebates