

BEP-700i Monthly Business Report Instructions

Revised 09/14/2021



DIVISION OF BLIND SERVICES
Florida Department of Education | dbs.fldoe.org

MONTHLY BUSINESS REPORT INSTRUCTIONS

Part I - General Information

- Item 01. Enter: 3 Digit Facility Number: (VF#XXX)
- Item 02. Enter: Reporting Month and Year (Month, XXXX)
- Item 03. Enter: Date Completed
- Item 04. Enter: Vendor's Name
- Item 05. Enter: Business Name
- Item 06. Enter: Federal Employer ID Number (XX-XXXXXXX)
- Item 07. Enter: Vendor's Address in My Florida Market Place
- Item 08. Enter: Vendor's Signature (Blue Ink Preferred)
- Item 09. Enter: Printed Preparer's Name if different from Vendor
- Item 10. Enter: Preparer's Signature if different from Vendor (Blue Ink Preferred)

Part II - Computation of Net Income for Set Aside Levy

- Line 01. Enter: Total Vending Drink Sales minus Sales Tax
- Line 02. Enter: Total Vending Snack Sales minus Sales Tax
- Line 03. Enter: Total Over-the-Counter Sales minus Sales Tax
- Line 04. Enter: Total Sales by Adding the Totals in Lines 1, 2, and 3
- Line 05. Enter: Total Sales Tax Collected
- Line 06a. Enter: The Month's Beginning Merchandise Inventory Value
- Line 06b. Enter: The Purchase of Merchandise through the Month
- Line 06c. Enter: The Month's Ending Merchandise Inventory Value
- Line 07. Enter: The Total Cost of Goods Sold by adding the amount in Lines 6a and 6b and then subtracting the amount in line 6c
- Line 08. Enter: Gross Profit on Sales (line 7 minus line 4)
- Line 09. Enter: Gross Wages of Employees - DO NOT include Vendor/Manager Salary
- Line 10. Enter: Total Payroll Taxes - Employers half-only and DO NOT include Taxes for Vendor
- Line 11. Enter: Total Labor Cost - Line 9 plus Line 10
- Line 12. Enter: Approved Business Expenses*

- Line 12a. Enter: Amount Paid for Liability Insurance
- Line 12b. Enter: Amount Paid for Workers' Compensation Insurance
- Line 12c. Enter: Amount Paid for Commercial Vehicle Insurance (Non-Highway Vending Only)
- Line 12d. Enter: Amount Paid of Business Licenses (Federal, State, County, and Municipal)
- Line 12e. Enter: Amount Paid to the Facility for Commissions and/or Rent
- Line 12f. Enter: Amount Paid to the Facility for Utilities
- Line 12g. Enter: Amount Paid for Equipment Fees
- Line 12h. Enter: Amount paid for Storage Space Rental
- Line 12i. Enter: Amount Paid for Pest Control
- Line 12j. Enter: Amount Paid for Other Approved Business Expenses
- Line 13. Enter: Total Business Expenses (sum of 12a to 12j)
- Line 14. Enter: Total Net Profit (sum of lines 12 and 13)
- Line 15. Enter: Total Amount Received from Full Service Vending Machines or Other Income
- Line 16. Enter: Total Net Profit (line 14 plus line 15)
- Line 17. Enter: Total Set Aside Levy (multiply line 16 by the current Set Aside Levy)

***Approved Business Expenses for the Monthly Business Report**

12a. Liability Insurance - Premiums paid for General Liability Insurance.

12b. Workers' Compensation Insurance - Premiums paid for Workers Compensation Insurance coverage.

12c. Commercial Vehicle Insurance - Premiums paid for Commercial Vehicle Insurance. (Non-Highway vending only or if required by the facility.) Limited to one vehicle per vendor.

12d. Business Licenses - License Fees paid to Federal, State, County, and Municipal locations. (Does not include Annual Corporation Filing fees.)

12e. Commissions and/or Rent to the Facility - Commission payments or rental/lease payments to the facility as required by the LOFA or facility agreement.

12f. Utilities to the Facility - You may include actual fees you paid to facilities to cover such expenses as electricity, gas, water, sewer, and garbage collection.

12g. Equipment Fees - Monthly Credit Card Terminal Fees. (Usually \$5.95 per month per reader) Credit card transaction fees are **not** included. **Micro market kiosk**

monthly rental/usage fee. Kiosk credit card transaction fees are **not** included. **Internet connection fees** that are necessary for Point of Sales Systems, Micro Markets and Smart Lock Systems.

12h. Storage Space Rental - Amount paid for offsite storage space (Non-Highway Vending Only)

12i. Pest Control - Amount paid for pest control services at the facility.

12j. Other Approved Business Expenses - Used only with express written permission from the program.