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-XXXXXXXX)
- 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


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.