

**REPUBLIC OF KENYA**  
**MINISTRY OF PLANNING**  
**KENYA NATIONAL BUREAU OF STATISTICS**

**PROFIT AND LOSS QUESTIONNAIRE**

HERUFI HOUSE  
 2ND FLOOR  
 ROOM 225 & 224

P.O. BOX 30266  
 NAIROBI  
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NAME OF INSTITUTION.....

YEAR ENDING.....

SOURCE.....

**REGULAR AND CASUAL EMPLOYEES SELF EMPLOYED PERSONS AND UNPAID FAMILY WORKERS**

	NUMBER OF EMPLOYEES			* GROSS CASH REMUNERATION PAID ON 30TH JUNE,2007		
	Male	Female	Total	Male	Female	Total
i)Regular Employees						
ii)Casual Employees						
iii)TOTAL						
iv) Self Employed persons,unpaid directors and proprietors not employed elsewhere.						
v)Unpaid family workers						

Expenditure	Ksh.	Receipts	Ksh.
1. Compensation of Employees		1. Interest Earned & Accrued....	
a. Wages & Salaries			
b. House Allowances & Residential Rents		2. Dividends Received	
c. Medical, Personal Insurance's, etc.			
d. Pensions, Passages, Gratuities		3. Commission, Exchange & Brokerage	
e. Director's fees & Allowances		4. Rents received	
Sub Total			
2. Running Costs		5. Profit on Sale of Assets	
a. Office Rents & Rates			
b. Transports & Travelling		6. Other Receipts from Non-Banking Assets	
c. Equipment Postal & Incidental			
d. Services (Audit, Legal, Inspection fees etc.)			
e. Light, Water & Conservancy			
f. Advertising, Printing, Publicity, Stationery			
g. Maintenance & Repairs			
h. Other running costs			
Sub-total			
3. Interest paid			
4. Losses, Provision for bad debts, Renewals etc.			
5. Depreciation			
6. Profit / Loss			
<b>TOTAL</b>		<b>TOTAL</b>	

I declare that the foregoing is made up from the books of the company and that to the best of my knowledge and belief it is correct.

Name of the Officer..... Signature.....

Designation..... Date.....

Tel No. .... Location/Building .....