



Small Business TRACKER

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Business Overview

Business Name: _____

Month: _____

Main Goal: _____

Top Priorities

- _____
- _____
- _____

Income

Source

Amount

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total Income: _____

Expenses

Category

Amount

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total Expenses: _____

Top 3 Wins

- 1 _____
- 2 _____
- 3 _____

Things to Improve

- _____
- _____
- _____

Notes

