

Income Statement

FOR: Your Business Name

ID#:

FROM:

TO:

INCOME:

Gross Receipts or Sales	.....	\$
Returns and Allowances	.....	
Inventory at Beginning of Period	.....	\$
Purchases	.....	
Cost of Items for Personal Use	.....	
Cost of Labor	.....	
Material and Supplies	.....	
Other Costs	.....	
Inventory at End of Period	.....	
Cost of Goods Sold and/or Operations	.....		0
GROSS PROFIT	.....		0
Other Income	.....	
GROSS INCOME	.....		0

EXPENSES:

Advertising	.....	\$		Rent (Other)	.....	\$
Amortization	.....			Repairs	.....	
Bad Debts from Sales/Svcs	.....			Supplies	.....	
Car & Truck Expenses	.....			Taxes	.....	
Cleaning & Maintenance	.....			Travel	.....	
Commissions	.....			Meals/Ent (50%)	.....	
Depreciation & Sect. 179	.....			Utilities	.....	
Employee Benefits	.....			Telephone	.....	
Freight	.....			Wages	.....	
Insurance	.....			Jobs Credit (Pos #)	.....	
Interest (Mortgage)	.....					
Interest (Other)	.....					
Legal & Professional	.....					
Office Expense	.....					
Pension/Profit Sharing	.....					
Rent (Machinery/Equip)	.....					
TOTAL EXPENSES	.....						0

NET PROFIT OR (LOSS) \$ 0
