

Name: _____

STATEMENT OF INCOME

Period: _____

Income:

Gross Sales \$ _____

Returns and Allowances _____

Gross Income \$ _____

Cost of Goods Sold:

Inventory at Beginning of Period \$ _____

Purchases _____

Inventory at End of Period _____

Cost of Goods Sold _____

GROSS PROFIT \$ _____

Operating Expenses:

Accounting \$ _____

Advertising _____

Amortization _____

Auto and Truck Expenses _____

Bad Debts _____

Bank Charges _____

Commissions _____

Contributions _____

Delivery _____

Depreciation/Sec. 179 _____

Dues and Subscriptions _____

Entertainment _____

Gifts _____

Insurance _____

Interest _____

Janitorial _____

Laundry and Cleaning _____

Legal and Professional _____

Licenses and Permits _____

Materials _____

Miscellaneous _____

Office Expense _____

Outside Services _____

Parking and Tolls \$ _____

Postage _____

Printing _____

Promotion _____

Rent _____

Repairs _____

Salaries _____

Security _____

Supplies _____

Taxes-Payroll _____

Taxes-Sales _____

Taxes-Other _____

Telephone _____

Tools _____

Travel _____

Uniforms _____

Utilities _____

Total Operating Expenses _____

Net Operating Income (Loss) \$ _____

Other Income:

_____ \$ _____

Total Other Income \$ _____

Other Expenses:

Total Other Expenses _____

NET INCOME (LOSS) \$ _____