

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	.....	\$	_____	Parking and Tolls	.....	\$	_____
Advertising	.....		_____	Postage	.....		_____
Amortization	.....		_____	Printing	.....		_____
Auto and Truck Expenses	.....		_____	Promotion	.....		_____
Bad Debts	.....		_____	Rent	.....		_____
Bank Charges	.....		_____	Repairs	.....		_____
Commissions	.....		_____	Salaries	.....		_____
Contributions	.....		_____	Security	.....		_____
Delivery	.....		_____	Supplies	.....		_____
Depreciation/Sec. 179	.....		_____	Taxes-Payroll	.....		_____
Dues and Subscriptions	.....		_____	Taxes-Sales	.....		_____
Entertainment	.....		_____	Taxes-Other	.....		_____
Gifts	.....		_____	Telephone	.....		_____
Insurance	.....		_____	Tools	.....		_____
Interest	.....		_____	Travel	.....		_____
Janitorial	.....		_____	Uniforms	.....		_____
Laundry and Cleaning	.....		_____	Utilities	.....		_____
Legal and Professional	.....		_____				_____
Licenses and Permits	.....		_____				_____
Materials	.....		_____				_____
Miscellaneous	.....		_____				_____
Office Expense	.....		_____				_____
Outside Services	.....		_____				_____
Total Operating Expenses	.....		_____				_____
Net Operating Income (Loss)	.....	\$	_____				_____

Other Income:

_____		\$	_____
_____			_____
Total Other Income	.....	\$	_____

Other Expenses:

_____			_____
_____			_____
Total Other Expenses	.....		_____
NET INCOME (LOSS)	.....	\$	_____