

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) \$ _____