

(Name)

INCOME STATEMENT
FOR THE PERIOD BEGINNING _____ AND ENDING _____

INCOME:

Gross receipts or sale - - - - -	\$
Returns and allowances - - - - -	
Inventory at beginning of perio - - -	\$
Purchases - - - - -	
Cost of items for personal use - - -	(
Cost of labor - - - - -	
Material and supplies - - - - -	
Other costs - - - - -	
Inventory at end of period - - -	(_____
Cost of goods sold - - - - -	
 GROSS PROFIT - - - - -	
Other income - - - - -	
 GROSS INCOME - - - - -	

EXPENSES:

Advertising - - - - -	\$
Amortization - - - - -	
Bad debts (accrual basis only) - - - - -	
Vehicle expenses - - - - -	
Cleaning and maintenance - - - - -	
Commissions - - - - -	
Depreciation & section 179 - - - - -	
Employee benefits - - - - -	
Freight and postage - - - - -	
Insurance - - - - -	
Interest - - - - -	
Outside services - - - - -	
Legal and professional - - - - -	
Office expense - - - - -	
Pension/profit sharing - - - - -	
Rent - - - - -	
Repairs - - - - -	
Supplies - - - - -	
Taxes (payroll) - - - - -	
Taxes (other) - - - - -	
Travel - - - - -	
Meals/entertainment - - - - -	
Utilities - - - - -	
Telephone - - - - -	
Wages - - - - -	
 TOTAL EXPENSES - - - - -	
 NET PROFIT OR (LOSS) - - - - -	\$