

S CORPORATION INCOME STATEMENT

Form 1120-S Supplemental Schedule

SHAREHOLDER / ENTITY NAME:

TAX YEAR:

EMPLOYER ID NUMBER (EIN):

STATE:

INCOME CATEGORY	AMOUNT (\$)
GROSS INCOME	
Gross Receipts or Sales	
Returns and Allowances (Less)	
Cost of Goods Sold (COGS)	
Gross Profit	
Net Gain (or Loss) from Form 4797	
Other Income (Loss)	
Total Income (Loss)	
DEDUCTIONS	
Compensation of Officers	
Salaries and Wages (less employment credits)	
Repairs and Maintenance	
Bad Debts	
Rents	
Taxes and Licenses	
Interest	
Depreciation	
Depletion	
Advertising	
Pension, Profit-Sharing Plans, etc.	
Employee Benefit Programs	
Other Deductions	
Total Deductions	
ORDINARY BUSINESS INCOME	
Ordinary Business Income (Loss)	

Signature of Officer

Date