

Statement of Gross Income

Name/Entity: _____

Tax
Year/Period: _____

SSN/FEIN: _____

Date
Prepared: _____

DESCRIPTION	AMOUNT (\$)	TOTAL (\$)
Gross Receipts or Sales		
Less: Returns and Allowances		
Net Receipts		
Cost of Goods Sold (COGS)		
Beginning Inventory		
Plus: Purchases		
Plus: Cost of Labor		
Plus: Other Costs		
Cost of Goods Available for Sale		
Less: Ending Inventory		
Total Cost of Goods Sold		
Gross Income (Net Receipts minus COGS)		

Prepared By (Signature)

Date: _____

Authorized Signature / Representative

Date: _____