

POST-TAX INCOME STATEMENT

Entity Name: _____ Statement Date: _____
 Tax Year: _____ Period Covered: _____

DESCRIPTION	AMOUNT (\$)
Gross Revenue / Earnings	
Operating Revenue	
Other Income	
Total Gross Earnings (A)	
Pre-Tax Deductions & Expenses	
Operating Expenses	
Pre-Tax Deductions / Retirement Contributions	
Interest Expense	
Total Pre-Tax Deductions (B)	
Net Income Before Taxes (C = A - B)	
Taxes (Withheld / Paid)	
Federal Income Tax	
State / Local Income Tax	
FICA / Social Security / Medicare	
Other Taxes	
Total Taxes (D)	
Post-Tax Deductions / Adjustments	
Post-Tax Voluntary Deductions	
Other Post-Tax Adjustments	
Total Post-Tax Deductions (E)	
Net Post-Tax Earnings (C - D - E)	

Prepared By

Authorized Signature / Date