

Statement of Net Income

Company Name: _____

For the Period Ended: _____

Account	Details	Amount
REVENUES		
Gross Sales / Revenue	
Less: Sales Returns and Allowances		
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Net Sales		
COST OF GOODS SOLD		
Beginning Inventory	
Add: Purchases	
Cost of Goods Available for Sale	
Less: Ending Inventory		
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Total Cost of Goods Sold		
<hr/>		
Gross Profit		
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OPERATING EXPENSES		
Selling Expenses	
Salaries and Wages	
Rent and Utilities	
Depreciation and Amortization	
Insurance	
Office Expenses	
Other Operating Expenses		
<hr/>		
Total Operating Expenses		
<hr/>		
Operating Income (EBIT)		
<hr/>		
OTHER INCOME / EXPENSES		
Interest Income	
Less: Interest Expense	
Gain / Loss on Sale of Assets		
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Total Other Income / (Expenses), Net		
<hr/>		
Income Before Income Taxes		
Income Tax Expense		
<hr/>		

Account

Details

Amount

Net Income