

GROSS INCOME STATEMENT

Business Name:

Statement Period:

Prepared By:

Date:

REVENUE CATEGORY	AMOUNT
Gross Revenue	
Gross Sales / Operating Revenue	
Other Revenue	
Less: Sales Returns and Allowances	
Total Net Revenue	
Cost of Goods Sold (COGS)	
Beginning Inventory	
Purchases / Cost of Materials	
Direct Labor Costs	
Direct Overhead / Other Direct Costs	
Less: Ending Inventory	
Total Cost of Goods Sold	
GROSS INCOME (Net Revenue - COGS)	

Prepared By (Signature & Date)

Authorized Signature & Date