

S CORPORATION INCOME STATEMENT

For the Tax Year Ended: _____

Corporation
Name:

Employer ID
(EIN):

State of Inc:

Date of Inc:

REVENUE	AMOUNT (\$)
Gross Receipts or Sales	_____
Returns and Allowances	_____
Net Receipts	_____
Cost of Goods Sold (COGS)	_____
Gross Profit	_____
Other Income / (Loss)	_____
Total Income	_____
Deductions / Operating Expenses	
Compensation of Officers	_____
Salaries and Wages (less employment credits)	_____
Repairs and Maintenance	_____
Bad Debts	_____
Rents / Lease Payments	_____
Taxes and Licenses	_____
Interest Expense	_____
Depreciation	_____
Depletion	_____
Advertising	_____
Pension, Profit-sharing plans, etc.	_____
Employee Benefit Programs	_____
Other Deductions	_____
Total Deductions	_____

REVENUE

AMOUNT (\$)

Ordinary Business Income (Loss) / Net Income

Signature of Officer

Title

Date

Signature of Preparer (if other than officer)

PTIN / Firm Name

Date