

INCOME STATEMENT

Business Name:

For the Period:

Prepared By:

Date:

Revenue	Amount	Total
Gross Sales / Service Revenue		
Less: Sales Returns & Allowances		
Net Revenue		
COST OF GOODS SOLD (COGS)		
Beginning Inventory		
Purchases / Direct Costs		
Less: Ending Inventory		
Total Cost of Goods Sold		
Gross Profit		
OPERATING EXPENSES		
Salaries & Wages		
Rent & Lease Payments		
Utilities & Telecommunications		
Marketing & Advertising		
Insurance		
Office Supplies & Postage		
Travel & Entertainment		
Depreciation & Amortization		
Other Operating Expenses		
Total Operating Expenses		
Operating Income (EBIT)		
OTHER REVENUE & EXPENSES		

Revenue	Amount	Total
Interest Expense		
Income Tax Expense		
Other Non-Operating Items		
Net Income		