

**[Your Company Name]**  
**Income Statement**  
**For the Year Ended [Mmmm Dd, 200X]**

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**Revenue:**

Gross Sales		\$0.00
Less: Sales Returns and Allowances		\$0.00
<b>Net Sales</b>		<b>\$0.00</b>

**Cost of Goods Sold:**

Beginning Inventory	\$0.00	
Add: Purchases	\$0.00	
Freight-in	\$0.00	
Direct Labor	\$0.00	
Indirect Expenses	\$0.00	
	\$0.00	
Less: Ending Inventory	\$0.00	
<b>Cost of Goods Sold</b>		<b>\$0.00</b>

<b>Gross Profit (Loss)</b>		<b>\$0.00</b>
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**Expenses:**

Advertising	\$0.00	
Amortization	\$0.00	
Bad Debts	\$0.00	
Bank Charges	\$0.00	
Charitable Contributions	\$0.00	
Commissions	\$0.00	
Contract Labor	\$0.00	
Credit Card Fees	\$0.00	
Delivery Expenses	\$0.00	
Depreciation	\$0.00	
Dues and Subscriptions	\$0.00	
Insurance	\$0.00	
Interest	\$0.00	
Maintenance	\$0.00	
Miscellaneous	\$0.00	
Office Expenses	\$0.00	
Operating Supplies	\$0.00	
Payroll Taxes	\$0.00	
Permits and Licenses	\$0.00	
Postage	\$0.00	
Professional Fees	\$0.00	
Property Taxes	\$0.00	
Rent	\$0.00	
Repairs	\$0.00	
Telephone	\$0.00	
Travel	\$0.00	
Utilities	\$0.00	
Vehicle Expenses	\$0.00	
Wages	\$0.00	
<b>Total Expenses</b>	<b>\$0.00</b>	<b>\$0.00</b>

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<b>Net Operating Income</b>		\$0.00
<b>Other Income:</b>		
Gain (Loss) on Sale of Assets	\$0.00	
Interest Income	<u>\$0.00</u>	
<b>Total Other Income</b>		<u>\$0.00</u>
<b>Net Income (Loss)</b>		<u><u>\$0.00</u></u>

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