

Business Name:

PROFIT & LOSS STATEMENT

Month _____ Year: 20__

INCOME	
Gross Sales	\$
Less Returns	\$
Less Discounts	\$
Less Bad Debt	\$
Interest, Rent and Royalites	\$
Total Income (a)	\$
EXPENSES	
Cost of Goods Sold	\$
Direct Payroll	\$
Fringe benefits	\$
Taxes, Other Than Income Tax	\$
Sales Expenses	\$
Shipping and Postage	\$
Advertising and Promotion	\$
Office Expense	\$
Travel and Entertainment	\$
Phone	\$
Other Utilities	\$
Automobile	\$
Insurance	\$
Professional Fees	\$
Rent	\$
Interest on Loans	\$
Other, Miscellaneous	\$
Total Expenses (b)	\$
Net Income (a-b)	\$
Less Income Tax (c)	\$
Net Income After Tax (Net Income - c)	\$