**INCOME STATEMENT**

**[Company Name]**[Street Address], [City, ST ZIP Code]  
[Phone: 555-555-55555] [Fax: 123-123-123456]  
[abc@example.com]

**For the Period Ended \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **Revenue** | **20\_\_\_\_** | **20\_\_\_\_** |
| Sales Revenue |  |  |
| (Less Sales Returns and Allowances) |  |  |
| Service Revenue |  |  |
| Interest Revenue |  |  |
| Other Revenue |  |  |
| **Total Revenue** | **$ 000000** | **$ 0000000** |
|  |  |  |
| **Expenses** |  |  |
| Advertising |  |  |
| Bad Debts |  |  |
| Commissions |  |  |
| Cost of Goods Sold |  |  |
| Depreciation |  |  |
| Employee Benefits |  |  |
| Furniture and Equipment |  |  |
| Insurance |  |  |
| Interest Expense |  |  |
| Maintenance and Repairs |  |  |
| Office Supplies |  |  |
| Payroll Taxes |  |  |
| Rent |  |  |
| Research and Development |  |  |
| Salaries and Wages |  |  |
| Software |  |  |
| Travel |  |  |
| Utilities |  |  |
| Others |  |  |
| **Total Expenses** | **$ 000000** | **$ 0000000** |
| Net Income Before Taxes | $ 000000 | $ 00000 |
| Income Tax Expense |  |  |
| **Income from Continuing Expenses** |  |  |
| **Below-the-Lined Items** |  |  |
| Income from Discounted Items |  |  |
| Effect of Accounting Changes |  |  |
| Extra Ordinary Items |  |  |
| **Net Income** |  |  |