

PROFIT AND LOST STATEMENT

Company Name

Date Issued

_____, 20__

Address

_____, _____, _____

Statement Reporting Period

Starting Date: _____, 20__
Ending Date: _____, 20__

Income	
Sales	_____
Services	_____
Interests	_____
Miscellaneous	_____
Total Income	_____

Expenses	
Advertising	_____
Depreciation	_____
Insurance	_____
Professional Fees	_____
Repairs and Maintenance	_____
Office Supplies	_____
Wages	_____
Utilities	_____
Miscellaneous	_____
Total Expenses	_____

Net Income Before Taxes _____

Tax Rate _____

Tax Amount _____

Net Income

