

PROFIT AND LOSS STATEMENT

BUSINESS INFORMATION

Business Name: _____

Address: _____

City, State ZIP: _____

Phone: _____

Email: _____

Reporting Period Start Date: _____ day of _____, 20 _____

Reporting Period End Date: _____ day of _____, 20 _____

REVENUES

Sales Revenue: _____

Service Revenue: _____

Other Revenue: _____

TOTAL REVENUES: _____

COST OF GOODS SOLD (COGS)

Beginning Inventory: _____

Purchases: _____

Cost of Labor: _____

Other Direct Costs: _____

Ending Inventory: _____

TOTAL COST OF GOODS SOLD: _____

GROSS PROFIT

Gross Profit (Total Revenues - Total COGS): _____

OPERATING EXPENSES

Salaries and Wages: _____

Rent Expense: _____

Utilities Expense: _____

Marketing and Advertising: _____

Office Supplies: _____

Depreciation Expense: _____

Amortization Expense: _____

Insurance Expense: _____

Professional Fees: _____

Travel and Entertainment: _____

Repairs and Maintenance: _____

Other Operating Expenses: _____

TOTAL OPERATING EXPENSES: _____

OPERATING INCOME

Operating Income (Gross Profit - Total Operating Expenses): _____

OTHER INCOME AND EXPENSES

Interest Income: _____

Interest Expense: _____

Gain/Loss on Sale of Assets: _____

Other Non-Operating Income/Expense: _____

TOTAL OTHER INCOME AND EXPENSES (NET): _____

NET PROFIT (LOSS)

Net Profit (Loss) (Operating Income + Total Other Income and Expenses (Net)):

PREPARED BY

Name: _____

Title: _____

Date: _____ day of _____, 20 _____