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)

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