

# Profit Loss Statement

For

NAME OF COMPANY OR INDIVIDUAL \_\_\_\_\_ **(Company Name)**

PROFIT AND LOSS STATEMENT

TIME PERIOD \_\_\_\_\_

## Totals from Worksheet

### Ordinary Income/Expense

INCOME 0.00

### Cost Of Goods Sold - this section for a retail, wholesale, or manufacturing business

Purchases 0.00

Enter Beginning of Year Inventory                      (at cost value / purchase value)

Enter End of Year Inventory                      (at cost value / purchase value)

**Cost of Goods Sold** 0.00

**Gross Profit** 0.00

### Expense

Advertising 0.00

Automobile Expense 0.00 \* this is computed as # of business miles times the mileage rate in

Bank Service Charges 0.00

Continuing Education 0.00

Charitable Contributions 0.00

Dues and Subscriptions 0.00

Independent Contractor 0.00

Insurance 0.00

Interest Expense 0.00

Internet 0.00

Job Supplies 0.00

Licenses and Permits 0.00

Merchant Service Fees 0.00

Meals & Entertainment 0.00

Office Supplies 0.00

Payroll Expenses 0.00

Postage and Delivery 0.00

Printing and Reproduction 0.00

Professional Fees - Accounting 0.00

Professional Fees - Legal 0.00

Rent 0.00

Repairs 0.00

Taxes 0.00

Telephone 0.00

Tolls 0.00

Travel 0.00

Utilities 0.00

**Total Expense** \$0.00

# Profit Loss Statement

For

**(Company Name)**

Totals from Worksheet

TIME PERIOD \_\_\_\_\_

Net Ordinary Income	\$0.00
Other Income/Expense	
Other Income	
Interest Income	0.00
Sales Tax Collection Allowance	0.00
Total Other Income	<u>0.00</u>
Net Other Income	<u>0.00</u>
Net Income	<u><u>0.00</u></u>

# Profit Loss Statement

For

NAME OF COMPANY (Company Name) \_\_\_\_\_

PROFIT AND LOSS STATEMENT

TIME PERIOD \_\_\_\_\_

T

**Ordinary Income/Expense**

**INCOME**

**Cost Of Goods Sold - this section for a retail, w**

Purchases

Enter Beginning of Year Inventory

Enter End of Year Inventory

**Cost of Goods Sold**

**Gross Profit**

**Expense**

Advertising

Automobile Expense effect for 2016

Bank Service Charges

Continuing Education

Charitable Contributions

Dues and Subscriptions

Independent Contractor

Insurance

Interest Expense

Internet

Job Supplies

Licenses and Permits

Merchant Service Fees

Meals & Entertainment

Office Supplies

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Professional Fees - Accounting

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Rent

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**Total Expense**

# Profit Loss Statement

For

TIME PERIOD \_\_\_\_ (Company Name)

T

Net Ordinary Income

Other Income/Expense

Other Income

Interest Income

Sales Tax Collection Allowance

Total Other Income

Net Other Income

Net Income