

Income Statement

Business Name _____

Period 1/1/19- 6/30/19 1/1/20- 6/30/20

	1/1/19- 6/30/19	1/1/20- 6/30/20
Gross Revenues		
Less: Cost of goods sold, if applicable		
Gross Profit	\$ -	\$ -
Operating Expenses:		
Accounting/legal/professional fees		
Advertising		
Bank charges/credit card fees		
Contract labor		
Donations		
Dues/subscriptions/membership fees		
Insurance		
Internet/phone		
Loan payments - scheduled		
Meals/entertainment		
Miscellaneous		
Office supplies		
Payroll - wages		
Payroll tax		
Payroll - benefits		
Real estate taxes		
Rent		
Repairs/maintenance		
Security System		
Training		
Travel		
Utilities - electricity/heat/water/garbage		
Vehicle		
Other		
Total Operating Expenses	\$ -	\$ -
Net Income (Loss)	\$ -	\$ -

I certify the financial information above is accurate to the best of my knowledge.

Signature of Business owner