

Income Statement

Company: _____

For Period of: _____, _____ through _____, _____

INCOME:

Professional Services _____

Casket Sales _____

Commission Received _____

Interest and Dividend Income _____

Other Services and Merchandise _____

Monument Sales _____

Rental Income _____

Other: _____

Other: _____

Other: _____

Other: _____

Total Income: _____

Expenses:

Cost of Goods Sold _____

Operating Expenses:

Advertising _____

Automobile _____

Bad Debt _____

Commission _____

Computers _____

Contract Labor _____

Contributions _____

Dues and Subscriptions _____

Depreciation and Amortization _____

Employee Benefits _____

Entertainment _____

Insurance _____

Interest _____

Office Supplies _____

Oil and Gas _____

Income Statement (continued)

Outside Services	_____	
Printing and Supplies	_____	
Postage and Freight	_____	
Professional Fees	_____	
Rent	_____	
Sales	_____	
Salaries	_____	
Salary Related Expenses	_____	
Supplies - Cemetery	_____	
Taxes and Licenses	_____	
Telephone	_____	
Travel	_____	
Repairs and Maintenance	_____	
Utilities	_____	
Other: _____	_____	
Other: _____	_____	
Other: _____	_____	
Other: _____	_____	
Other: _____	_____	
Other: _____	_____	
Other: _____	_____	
Total Operating Expenses		_____
TOTAL EXPENSES		_____
NET INCOME (LOSS) FROM OPERATIONS		_____
Extraordinary Items (attach explanation)		_____
Federal Income Taxes		_____
NET INCOME (LOSS) FOR CURRENT YEAR		_____