

INCOME STATEMENT

For the _____ Month(s) Ended _____

Name _____

Business Address _____

REVENUES/SALES _____

Cost of Sales - _____

GROSS PROFIT _____

Operating Expenses - _____

OPERATING PROFIT _____

Other Income + _____

Other Expenses - _____

PRE-TAX PROFIT _____

TAXES - _____

NET PROFIT _____

The undersigned hereby certified that the Income Statement given above is a true and correct statement on the date given above.

Dated this _____ day of _____, _____.

 X _____

AGENCY INFORMATION:

Name: _____ Agency Code: _____

Address: _____

Phone: _____ Fax: _____

Email: _____