

Annual Income/Expense Statement

For Period Beginning on _____ and Ending on _____

Your Name

Your Business Name

Your City, State

YEAR-TO-DATE INCOME

BUSINESS INCOME	_____	
OTHER INCOME FOR BUSINESS	_____	
TOTAL INCOME		\$ _____

YEAR-TO-DATE EXPENSES

BUSINESS OPERATING EXPENSES

Labor/Wages	_____	
Payroll Taxes	_____	
Other Benefits	_____	
Contract Services	_____	
Education/Conferences/Training	_____	
Facility Lease/Rent	_____	
Facility Maintenance & Repairs	_____	
Insurance/Liability	_____	
Property Taxes	_____	
Utilities	_____	
Grounds/Parking Maintenance	_____	
Signs	_____	
Equipment Replacement/Depreciation	_____	
Equipment Maintenance & Repairs	_____	
Inventory /Purchases	_____	
Inventory Loss	_____	
Freight & Shipping	_____	
Advertising & Promotion	_____	
Travel/Mileage	_____	
Professional Memberships	_____	
Postage	_____	
Legal/Professional Fees	_____	
Licenses/Fees/Permits	_____	
Accounting/Bookkeeping	_____	
Supplies	_____	
Telephone & Electronic Services	_____	
Credit Expense/Interest	_____	
Interest Paid on Long Term Debt(s)	_____	
TOTAL BUSINESS OPERATING EXPENSES		\$ _____

Principal Payments on Debts	_____	
State & Federal Income Taxes	_____	
Owners' Draw/Salary	_____	
TOTAL OTHER EXPENSES		\$ _____

TOTAL BUSINESS EXPENSES		\$ _____
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YEAR TO DATE PROFIT/LOSS		\$ _____
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