

Company Name: _____
 S Corp LLC

Contact Name: _____

Time Period: _____

Financial Statements in U.S. Dollars

REVENUE

Gross Sales \$ _____
 Less:
 Sales Returns & Allowances \$ _____
Net Sales \$ _____

COST OF GOODS SOLD

Beginning Inventory
 Add: Purchases \$ _____
 Freight-in \$ _____
 Direct Labor \$ _____
 Indirect Expenses \$ _____
 Inventory Available
 Less: Ending Inventory \$ _____
Cost of Goods Sold \$ _____
Gross Profit (Loss) \$ _____

EXPENSES

Advertising \$ _____	Licenses and Fees \$ _____
Amortization \$ _____	Miscellaneous \$ _____
Bad Debts \$ _____	Office Expense \$ _____
Bank Charges \$ _____	Payroll Taxes \$ _____
Charitable Contributions \$ _____	Postage \$ _____
Commissions \$ _____	Rent \$ _____
Contract Labor \$ _____	Repairs & Maintenance \$ _____
Depreciation \$ _____	Supplies \$ _____
Dues & Subscriptions \$ _____	Telephone \$ _____
Employee Benefit Programs \$ _____	Travel Utilities \$ _____
Insurance \$ _____	Vehicle Expenses \$ _____
Interest \$ _____	Business Mileage _____ miles
Legal & Professional Fees \$ _____	Wages \$ _____

Total Expenses \$ _____
Net Operating Income \$ _____

Other Income

Gain (Loss) on Sale of Assets \$ _____
 Interest Income \$ _____
Total Other Income \$ _____
Net Income (Loss) \$ _____