Income Statement

Company: _____

For Period of: _____, _____ through _____, _____

INCOME:

Cemetery Spaces/Crypts/Niches	_____	
Markers	_____	
Open and Close	_____	
Other Services and Merchandise	_____	
Commissions Received	_____	
Perpetual Care Fund Income	_____	
Interest and Dividend 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	_____
Landscaping	_____
Office Supplies	_____

Income Statement (continued)

Oil and Gas		
Outside Services		
Printing and Supplies		
Postage and Freight		
Professional Fees		
Rent		
Sales		
Salaries		
Supplies - Cemetery		
Taxes and Licences		
Telephone		
Travel		
Repairs and Maintenance		
Utilities		
Other: _____		
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		