

INCOME STATEMENT FOR _____

BUSINESS NAME

REVENUE	20 _____	20 _____
Sales Revenue		
Service Revenue		
Interest Revenue		
Other Revenue		

TOTAL REVENUE

EXPENSES	20 _____	20 _____
Advertising		
Debts Owed to Company		
Commission Paid		
Employee Benefits Expense		
Insurance Expense		
Interest Expense		
Maintenance and Repair		
Office Supplies Expense		
Salaries and Wages Expense		
Transportation Expense		
Utility Expense		
Additional Expense		
A.		
B.		
C.		

TOTAL EXPENSES

ADDITIONAL INCOME NOTES:

PAYEE	PURPOSE OF PAYMENT	AMOUNT PAID

TOTAL PAID	
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By signing this form, I conform the information I am providing to be accurate and supported by the necessary documents. I have retained all documents, canceled checks, and other data that form the basis of income and deductions pertaining to this return. I hold **UNLIMITED TAXES & MORE, INC.** harmless or any errors or understatements given on my behalf on my tax return.

I attest and declare under penalty of perjury that the forgoing information given to the tax preparer is true and correct.

SIGNATURE – TAX PAYER

PRINTED NAME – TAX PAYER