

Commercial Tenant Income Statement

This statement is used to verify the financial performance of the commercial tenant for the specified lease period. Please fill out all applicable fields prior to printing.

1. General Information

Tenant/Business Name:

DBA (Doing Business As):

Leased Premises / Unit Number:

Property Address:

Statement Period: From: To:

2. Revenue / Gross Receipts

Revenue Source	Amount (\$)
Gross Sales / Retail Revenue	<input type="text" value="0.00"/>
Service Revenue	<input type="text" value="0.00"/>
Other Business Income	<input type="text" value="0.00"/>
TOTAL GROSS REVENUE	<input type="text" value="0.00"/>

3. Cost of Goods Sold (COGS)

Cost Category	Amount (\$)
Beginning Inventory	<input type="text" value="0.00"/>
Purchases / Materials	<input type="text" value="0.00"/>
Direct Labor	<input type="text" value="0.00"/>
Less: Ending Inventory	<input type="text" value="0.00"/>
TOTAL COST OF GOODS SOLD	<input type="text" value="0.00"/>
GROSS PROFIT (Revenue minus COGS)	<input type="text" value="0.00"/>

4. Operating Expenses

Expense Category	Amount (\$)
Base Rent / Lease Payments	<input type="text" value="0.00"/>
Triple Net (NNN) / CAM Charges	<input type="text" value="0.00"/>
Utilities (Electricity, Water, Gas, Waste)	<input type="text" value="0.00"/>
Payroll / Employee Salaries & Wages	<input type="text" value="0.00"/>
Marketing & Advertising	<input type="text" value="0.00"/>
Insurance (Liability, Property, Business Interruption)	<input type="text" value="0.00"/>
Maintenance, Repairs, & Cleaning	<input type="text" value="0.00"/>
Legal, Professional, & Accounting Fees	<input type="text" value="0.00"/>
Taxes, Licenses, & Permits	<input type="text" value="0.00"/>
Other Operating Expenses (Specify below)	<input type="text" value="0.00"/>

Expense Category	Amount (\$)
Description of Other Expenses:	Details of other expenses
TOTAL OPERATING EXPENSES	0.00

5. Net Income Summary

GROSS PROFIT:	0.00
LESS TOTAL OPERATING EXPENSES:	0.00
NET INCOME (BEFORE TAXES):	0.00

6. Tenant Acknowledgment & Signature

I hereby certify that the financial information provided above is true, accurate, and complete to the best of my knowledge.

Authorized Representative Name: Full Name

Title / Relationship to Tenant: e.g., Owner, CFO, Partner

Signature: Sign here after printing

Date: MM/DD/YYYY