61A200(D) (11-06)
Commonwealth of Kentucky
DEPARTMENT OF REVENUE

REPORT OF TOTAL UNIT OPERATIONS
INCOME STATEMENT

12 Months Ending December 31, 2006

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Please submit internal financial statement (preferably audited) if available. Otherwise, prepare this schedule. Financial statements required should represent the entire unit, not just Kentucky portion.

Line No.	Item	Amount for Current Year (Omit Cents)
	Operating Income:	
1.	Operating Revenue	
2.	Cost of Goods Sold *(Attach Separate Schedule Showing Detail)*	
3.	**Operating Gross Profit**	
4.	Owner's Compensation	
5	Employees' Wages and Benefits	
6.	Operating Lease Payments–Real *(Must Complete Schedule N1)*	
7.	Operating Lease Payments—Personal *(Must Complete Schedule N2)*	
8.	Operating Lease Payments–Motor Vehicles *(Must Complete Schedule B)*	
9.	Depreciation	
10.	Amortization	
11.	Taxes, Other Than Income	
12.	All Other Deductions *(Attach Separate Schedule Showing Detail)*	
13.	**Total Deductions (Add Lines 4 Through 12)**	
14.	**Operating Net Income**	
	Other Income and Expenses:	
15.	Other Income, Net *(Attach Separate Schedule Showing Detail)*	
16.	**Net Income Before Interest and Taxes**	
17.	Interest Income	
18.	Interest Expense	
19.	**Net Income Before Taxes**	
20.	Income Taxes	
21.	Deferred Income Taxes	
22.	**Net Income**	

Total Number of Employees: Full-time _____ Part-time _____ Total _____

Date of Organization or Purchase _____

Present Owner Purchased Operation, Give Name of Prior Owner

_____

Purchase Price (Including all considerations and debt) _____

Date Service Began _____

_____

Subscribers/Customers _____

Average Regular Subscriber/Customer Monthly Fee _____

Revenue and Expense for Five Previous Years

Year Ending December 31,	2005	2004	2003	2002	2001
(1) Gross Revenue	$_____	$_____	$_____	$_____	$_____
(2) Operating Expenses	$_____	$_____	$_____	$_____	$_____
(3) Operating Lease Payments	$_____	$_____	$_____	$_____	$_____
(4) Depreciation	$_____	$_____	$_____	$_____	$_____
(5) Amortization	$_____	$_____	$_____	$_____	$_____
(6) Taxes Other Than Income	$_____	$_____	$_____	$_____	$_____
(7) Operating Income = *(Line 1 Minus Lines 2 Through 6)*	$_____	$_____	$_____	$_____	$_____
(8) Other Income Net	$_____	$_____	$_____	$_____	$_____
(9) Interest Income	$_____	$_____	$_____	$_____	$_____
(10) Interest Expense	$_____	$_____	$_____	$_____	$_____
(11) Federal and State Income Taxes	$_____	$_____	$_____	$_____	$_____
(12) **NET INCOME** = *(Line 7 Minus Lines 8 Through 11)*	$_____	$_____	$_____	$_____	$_____