

PROFIT AND LOSS PROJECTION

Company Name: _____

Budget Projections	1st Mo.	2nd Mo.	3rd Mo.	4th Mo.	5th Mo.	6th Mo.	7th Mo.	8th Mo.	9th Mo.	10th Mo.	11th Mo.	12th Mo.	Totals
<u>Monthly Sales</u>													
Gross Sales													
Cost of Sales													
Gross Point													
<u>Operating Expenses</u>													
Salaries to Others													
Salary to Owners													
Payroll Taxes/U.I.													
Repairs													
Rent with CAM													
Utilities													
Telephone													
Licenses and Permits													
Insurance													
Accounting/Legal													
Royalties													
Advertising													
Operating Supplies													
Postage													
Medical Insurance													
Auto and Truck													
Equipment Leases													
Miscellaneous													
Miscellaneous													
Miscellaneous													
<u>Total Operating Exps.</u>													
<u>Profit</u>													
Debt Service													
<u>Net Profit</u>													

Please attach assumptions to this projection. If applicable, please indicate seasonality during the year.

Signature _____ Date _____