

# Projected Profit / Loss - 1st year

COMPANY NAME : \_\_\_\_\_



MONTH	1	2	3	4	5	6	7	8	9	10	11	12	Total	%
Sales														
Other Revenues														
TOTAL INCOME														
Cost of Sales Enter as negative number														
Gross Profit														
<b>Controllable Expenses:</b>														
Officer Salary (ies)														
Salaries and Wages														
Advertising & Marketing														
Auto Expense														
Bank Charge & Credit Card Costs														
Gas														
Inventories														
Legal / Accounting														
Miscellaneous														
Supplies/Expense														
Telephone														
City Water/Sewer														
Utilities Electric & Gas														
Repairs / Maintenance														
<b>Total Controllable Expenses</b>														
<b>Fixed Expenses:</b>														
Interest														
Depreciation														
Amortization														
Insurance (all)														
Taxes/Licenses / Permits														
Other:														
Interest - SBA														
Interest - Other														
Rent														
Miscellaneous														
Other:														
<b>Total Fixed Expenses</b>														
<b>Total Expenses</b>														
<b>Profit / (Loss) before Tax</b>														
<b>Net Profit (Loss)</b>														

I certify that the forgoing data fairly represents potential annual earnings to the best of my knowledge:

Please attach assumptions to this projection.

Signature

\_\_\_\_\_

Date

Title

If applicable, please indicate seasonality during the year.