

Business Pro Forma

Required elements are underlined>.

Business Name: _____

Form Date: _____

Form Time Period: _____

Revenue

Gross Sales	
Less: Sales Returns and Allowances	
Net Sales	\$ -

Cost of Goods Sold

Beginning Inventory	
Add: Purchases	
Freight-in	
Direct Labor	
Indirect Expenses	
Inventory Available	\$ -
Less: Ending Inventory	
Cost of Goods Sold	\$ -
Gross Profit (Loss)	\$ -

Expenses

Advertising	
Amortization	
Bad Debts	
Bank Charges	
Charitable Contributions	
Commissions	
Contract Labor	
Depreciation	
Dues and Subscriptions	
Employee Benefit Programs	
Insurance	
Interest	
Legal and Professional Fees	
Licenses and Fees	
Miscellaneous	
Office Expense	
Payroll Taxes	
Postage	
Rent	
Repairs and Maintenance	
Supplies	
Telephone	
Travel	
Utilities	
Vehicle Expenses	
Wages	
Total Expenses	\$ -
Net Operating Income	\$ -

Other Income

Gain (Loss) on Sale of Assets	
Interest Income	
Total Other Income	\$ -
Net Income (Loss)	\$ -

Notes