WORKSHEET 4

PROFORMA INCOME STATEMENT	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Totals
(1) Sales **Sales/Receipts** **Other Sales**													
(2) Net Sales/Revenue													
Less: Cost of Sales: **(3) Inventory**													
Total Cost of Sales													
(4) Gross Profit													
(5) Operating Expenses: **Rent/Mortgage Payment**													
Equipment Lease													
Maintenance & Repairs													
Advertising													
Office Supplies													
Delivery													
Postage													
Vehicle Expense													
Legal/Professional Fees													
Insurance(s)													
Utilities													
Telephone													
Dues/Memberships													
Payroll													
Payroll Taxes													
Taxes/Licenses													
Franchise Fees/Royalties													
Other _____													
(6) Total Operating Expenses													
(7) Net Income Before Taxes													