

**BUSINESS FINANCIAL PLAN  
Data Collection Sheet**

**BUSINESS FINANCIAL PLAN DATA**

Name of individual completing this data worksheet:

Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Designation: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address 1: \_\_\_\_\_ Address 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Website: \_\_\_\_\_

If trusted adviser: Would you like your company logo on the title page and cover letter?

- Yes  No If "Yes", attach a "jpg" logo file to an Email and send it to:  
o [customerservice@theprofitforecaster.com](mailto:customerservice@theprofitforecaster.com) with contact information.

Type of Report:

- Annual Financial Plan  Profit Enhancement Plan  Turn-a-round Plan

Financial data entered is for date ending (xx/xx/xx): \_\_\_\_\_

- Calendar year?  Yes  No Fiscal year?  Yes  No

Is this an interim statement?  Yes  No If "Yes", # months entered? \_\_\_\_\_

- If interim, the plan will be based on pro-forma monthly averaged results.

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If you want this report addressed to someone other than the owner, fill out the information below. Otherwise, leave this section blank.

**Other Individual:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Salutation: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address 1: \_\_\_\_\_ Address 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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**Business to be planned:**

Business Name: \_\_\_\_\_  
Business Owner: First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Salutation: \_\_\_\_\_  
Address 1: \_\_\_\_\_ Address 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Website: \_\_\_\_\_

Would you like the company logo on the title page?

- Yes  No If "Yes", attach a "jpg" logo file to an Email and send to:  
o [customerservice@theprofitforecaster.com](mailto:customerservice@theprofitforecaster.com)

Type of business entity:

- Sole Proprietor  Partnership  LLP  LLC  C Corp  S Corp

In Business Since: \_\_\_\_\_

SIC/NAICS Code: \_\_\_\_\_

SIC/NAICS Description: \_\_\_\_\_

- The SIC/NAICS code should be listed on your tax form.

**Type of Business:**

Contractor - Is job costing performed using:

- Direct labor and materials?  Yes  
Machine time?  Yes

Manufacturer - Is product pricing performed using:

- Direct labor and materials?  Yes  
Machine time?  Yes

Wholesale  Yes

Service  Yes

# BUSINESS FINANCIAL PLAN Data Collection Sheet

## Income Statement and Balance Sheet Data

**Attach to this questionnaire for the year prior to the year to be planned:**

1. The in-house income statement and balance sheet.
2. The company's tax form and attached expense schedules.
  - a. If sole-proprietor, don't include the personal tax form.
  - i. Only attach the schedule "C" and related documentation.

### ANNUAL BUDGET DATA

**Note:** Any comments entered will become an integral part of the business financial plan documentation and can be reviewed later for plan clarification.

%

**Adjustments    Comments**

**Sales:**

- What sales increase or decrease, as a percentage of sales, is expected next year:

%

**Comments**

**NPBT Goal:**

- What is your Net Profit Before Tax profit goal next year, as a percentage of sales? A plan will be created to achieve your profit goal.

**Note:** Annually direct and variable costs will automatically increase or decrease proportionate to any change in sales. Therefore, if you haven't identified the root cause and needed corrective measures of any increases in any line items within these expense categories, NO budget improvements should be made to them. If you HAVE identified areas of improvement AND will be installing the corrective measures to control them, list the line item description and estimated dollar or percentage change to the line items below. If no entries are made here, by default, the direct and variable expenses will be budgeted to represent the same percentage as last year's sales.

\$ or %(+ or -)

**Direct Costs:**

**Adjustments    Comments**

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**Variable Costs:**

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**Note:** Annually, fixed costs can vary substantially. Unfortunately they usually increase but occasionally do decrease. Enter changes in these line items from your managerial experience, product and service quotations, rental agreements, tax notifications, etc.

\$ or %(+ or -)

**Fixed Costs:**

**Adjustments    Comments**

Contributions		
Depreciation		
Dues & Subscriptions		
Insurance - Auto/Liability		
Insurance - Group Health		
Insurance - Officer		
Insurance - Work Comp (Office)		
Other - Expenses		
Payroll Tax (Office)		
Postage, Mailings		
Professional Fees		
Property Taxes		
Rent		
Repairs & Maintenance		
Salaries - Owner		
Salaries - Office/Shop		
Telephone		

## BUSINESS FINANCIAL PLAN Data Collection Sheet

Utilities \_\_\_\_\_  
 Enter other line items below: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Note:** Other income (expenses) may or may not vary from year to year. List any changes that you anticipate to these line items with your comment(s).

	\$ or %(+ or -)	
<b>Other Income (Expenses):</b>	<b>Adjustments</b>	<b>Comments</b>
Other Income	_____	_____
Other Expense - Interest	_____	_____
Other Expense - Other	_____	_____

### MONTHLY BUDGET DATA

Enter the prior year's actual monthly sales volume **or** monthly sales percentages:  
 01: \_\_\_\_\_ 02: \_\_\_\_\_ 03: \_\_\_\_\_ 04: \_\_\_\_\_ 05: \_\_\_\_\_ 06: \_\_\_\_\_  
 07: \_\_\_\_\_ 08: \_\_\_\_\_ 09: \_\_\_\_\_ 10: \_\_\_\_\_ 11: \_\_\_\_\_ 12: \_\_\_\_\_

**Note:**

- If entering monthly sales values:
- The total of all years must equal the total sales for the year, or
- If entering monthly sales percentages:
- Calculate the percentage by dividing last year's total sales volume by the monthly sales volume.
    - o Enter each percentage value to two decimal places (00.00).
  - The total percentage of all months must equal 100%.

### CASH FLOW SCHEDULE DATA

**Note:** Complete the following condensed monthly income statements based on actual results or the estimated prior fiscal year's monthly performance. IE: If your plan is created after the year's financials have been completed, you will use the actual monthly values from each month. If your plan is developed from an interim statement, say ending in October, month 9 and 10 will be based on the actual performance of those months. Months 11 and 12 will be estimated from the prior year's month 11 and 12. Itemize all direct costs as shown. Total all variable expenses and fixed expenses for entry into their respective line item field.

	\$ Month 9	\$ Month 10	\$ Month 11	\$ Month 12
<b>Monthly Sales:</b>	_____	_____	_____	_____
<b>Monthly Costs of Sales:</b>				
Direct Labor	_____	_____	_____	_____
Direct Materials	_____	_____	_____	_____
Direct Equipment	_____	_____	_____	_____
Direct Subcontractor	_____	_____	_____	_____
Direct Other	_____	_____	_____	_____
<b>Monthly Expenses:</b>				
Total Variable Costs	_____	_____	_____	_____
Total Fixed Costs	_____	_____	_____	_____
<b>Other Income (Expense):</b>				
Other Income and Exp.	_____	_____	_____	_____

**Tax Data:**

Federal Income Tax Rate % \_\_\_\_\_ State Income Tax Rate % \_\_\_\_\_  
 • Enter "0" if cash flow schedule is to be on a before tax basis.

**Credit Line Data:**

# BUSINESS FINANCIAL PLAN

## Data Collection Sheet

Current Credit Line Outstanding Balance \$ (if any): \_\_\_\_\_  
 Credit Line Interest Rate Expected Next Year: \_\_\_\_\_%

### CASH FLOW SCHEDULE DATA

**Note:** Enter any applicable data into the appropriate line item at the corresponding month(s) or leave those not appropriate blank.

**Installment Payments - Bank:** (Enter total of principal and interest payments.)

01: \_\_\_\_\_ 02: \_\_\_\_\_ 03: \_\_\_\_\_ 04: \_\_\_\_\_ 05: \_\_\_\_\_ 06: \_\_\_\_\_  
 07: \_\_\_\_\_ 08: \_\_\_\_\_ 09: \_\_\_\_\_ 10: \_\_\_\_\_ 11: \_\_\_\_\_ 12: \_\_\_\_\_

**Installment Payments - Other:** (Enter total of principal and interest payments.)

01: \_\_\_\_\_ 02: \_\_\_\_\_ 03: \_\_\_\_\_ 04: \_\_\_\_\_ 05: \_\_\_\_\_ 06: \_\_\_\_\_  
 07: \_\_\_\_\_ 08: \_\_\_\_\_ 09: \_\_\_\_\_ 10: \_\_\_\_\_ 11: \_\_\_\_\_ 12: \_\_\_\_\_

**Miscellaneous Payments:** (Enter the total of principal and interest payments.)

01: \_\_\_\_\_ 02: \_\_\_\_\_ 03: \_\_\_\_\_ 04: \_\_\_\_\_ 05: \_\_\_\_\_ 06: \_\_\_\_\_  
 07: \_\_\_\_\_ 08: \_\_\_\_\_ 09: \_\_\_\_\_ 10: \_\_\_\_\_ 11: \_\_\_\_\_ 12: \_\_\_\_\_

**Fixed Asset Additions:** (If you plan on purchasing any additional fixed assets.)

01: \_\_\_\_\_ 02: \_\_\_\_\_ 03: \_\_\_\_\_ 04: \_\_\_\_\_ 05: \_\_\_\_\_ 06: \_\_\_\_\_  
 07: \_\_\_\_\_ 08: \_\_\_\_\_ 09: \_\_\_\_\_ 10: \_\_\_\_\_ 11: \_\_\_\_\_ 12: \_\_\_\_\_

**Other Asset Additions:** (If you are planning on purchasing other assets.)

01: \_\_\_\_\_ 02: \_\_\_\_\_ 03: \_\_\_\_\_ 04: \_\_\_\_\_ 05: \_\_\_\_\_ 06: \_\_\_\_\_  
 07: \_\_\_\_\_ 08: \_\_\_\_\_ 09: \_\_\_\_\_ 10: \_\_\_\_\_ 11: \_\_\_\_\_ 12: \_\_\_\_\_

**Bonuses/Profit Sharing:** (If you are planning to payout owner/employee bonuses.)  
 or profit sharing)

01: \_\_\_\_\_ 02: \_\_\_\_\_ 03: \_\_\_\_\_ 04: \_\_\_\_\_ 05: \_\_\_\_\_ 06: \_\_\_\_\_  
 07: \_\_\_\_\_ 08: \_\_\_\_\_ 09: \_\_\_\_\_ 10: \_\_\_\_\_ 11: \_\_\_\_\_ 12: \_\_\_\_\_

**Sale of Assets:** (If you anticipate the sale of any assets.)

01: \_\_\_\_\_ 02: \_\_\_\_\_ 03: \_\_\_\_\_ 04: \_\_\_\_\_ 05: \_\_\_\_\_ 06: \_\_\_\_\_  
 07: \_\_\_\_\_ 08: \_\_\_\_\_ 09: \_\_\_\_\_ 10: \_\_\_\_\_ 11: \_\_\_\_\_ 12: \_\_\_\_\_

**Loans/Notes to be Obtained:** (If you plan on securing any business loans.)

01: \_\_\_\_\_ 02: \_\_\_\_\_ 03: \_\_\_\_\_ 04: \_\_\_\_\_ 05: \_\_\_\_\_ 06: \_\_\_\_\_  
 07: \_\_\_\_\_ 08: \_\_\_\_\_ 09: \_\_\_\_\_ 10: \_\_\_\_\_ 11: \_\_\_\_\_ 12: \_\_\_\_\_

**Loans/Notes to be Repaid:** (If you are planning on paying back any loans.)

01: \_\_\_\_\_ 02: \_\_\_\_\_ 03: \_\_\_\_\_ 04: \_\_\_\_\_ 05: \_\_\_\_\_ 06: \_\_\_\_\_  
 07: \_\_\_\_\_ 08: \_\_\_\_\_ 09: \_\_\_\_\_ 10: \_\_\_\_\_ 11: \_\_\_\_\_ 12: \_\_\_\_\_

**Note:** By default, all variable cost expenses are automatically assigned to each month's expenses based upon the monthly sales allocation. If any variable expense line item "spikes" in any given month that is different from the automatic allocation, please list the line item and details below. (IE: The annual direct mail marketing expenses are \$25,000 but are incurred equally in only November and May, not throughout the year based on sales.)

**Line Item:** \_\_\_\_\_ **Comments:** \_\_\_\_\_

01: \_\_\_\_\_ 02: \_\_\_\_\_ 03: \_\_\_\_\_ 04: \_\_\_\_\_ 05: \_\_\_\_\_ 06: \_\_\_\_\_  
 07: \_\_\_\_\_ 08: \_\_\_\_\_ 09: \_\_\_\_\_ 10: \_\_\_\_\_ 11: \_\_\_\_\_ 12: \_\_\_\_\_

**Line Item:** \_\_\_\_\_ **Comments:** \_\_\_\_\_

01: \_\_\_\_\_ 02: \_\_\_\_\_ 03: \_\_\_\_\_ 04: \_\_\_\_\_ 05: \_\_\_\_\_ 06: \_\_\_\_\_  
 07: \_\_\_\_\_ 08: \_\_\_\_\_ 09: \_\_\_\_\_ 10: \_\_\_\_\_ 11: \_\_\_\_\_ 12: \_\_\_\_\_

*When completed, fax this form to: 608.831.6299*