

AA Plus Bonding Services, LLC
 1027 Farmington Avenue
 Farmington, CT 06032
 860-470-3344 ph
 860-470-3089 fax

Contractor No. _____

Name of Contractor _____

For the period _____, 20___ through _____, 20___
 (Tax Year End is _____ (mo.) _____ (day))

Contract Description	Contract Price	Original Estimated Gross Profit	CURRENT FORECAST - ENTIRE CONTRACT		Direct Cost To Date	RECOGNIZED EARNINGS TO DATE				Total Amount Billed To Date Including Retainage	Total Billings In Excess of Total Costs To Date	Billings in Excess of Costs & Recognized Earnings	Costs & Recognized Earnings in Excess of Billings	Scheduled Compl. Date Month/Year	
			Current Estimated Total Direct Cost (See Note 3)	Estimated Gross Profit (Loss) on Completion		% Complete (See Note 4)	Total Gross Profit (Loss) Recognized To Date	Gross Profit (Loss) Recognized in Previous Fiscal Period(s)	Gross Profit (Loss) Recognized in This Period						
Totals															

Do any Billings include unapproved claims or disputed items? Yes No If so, attach complete explanation.
 NOTE: 1. Total in Column 9 must equal Gross Profit figure on Profit and Loss Statement.
 2. Total in Columns 12 and 13 must equal similar items in Balance Sheet.
 3. Estimated Total Direct Cost must be based on Current Cost Analysis.
 4. If some method other than the ratio of Cost To Date to Total Est. Cost is used to develop "% Complete" explain:

Indicate accounting method used in reporting income for Federal Income Tax purposes:
 Percentage of Completion
 Completed Contract
 Other (explain) _____
 Subs