



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 DIVISION OF REGULATION AND LICENSURE
 SECTION FOR LONG-TERM CARE REGULATION

FORECASTED INCOME STATEMENT

All forms may be found on our website at: <http://www.dhss.mo.gov/NursingHomes/AppsForms.html>

FACILITY		
OPERATOR		
FOR THE 12 MONTHS		
FROM	TO	
REVENUES		
1. Resident service revenue		
2. Other revenue		
3. Net revenues		
COSTS AND EXPENSES		
4. Professional care		
5. Dietary		
6. Housekeeping		
7. Plant operation and maintenance		
8. Activities		
9. Laundry		
10. General and administrative		
11. Management and consulting fees		
12. Interest		
13. Depreciation and amortization		
14. Other expenses		
15. Total costs and expenses		
16. NET EARNINGS (LOSS)		

FORECASTED INCOME STATEMENT

INSTRUCTIONS

The *Forecasted Income Statement* should indicate projected revenues and expenses for the first twelve (12) months of operation of the facility by the applicant.

FACILITY Indicate the name of the facility as shown on the *Application for License to Operate a Long-Term Care Facility*.

OPERATOR Indicate the name of the operator as shown on the *Application for License to Operate a Long-Term Care Facility*.

FOR THE 12 MONTHS Enter the time period of the report, which is the first twelve (12) months of operation of the facility by the applicant. The starting date should be the expected opening date, and the ending date should be twelve (12) months later.

REVENUES

1. Resident service revenue – Revenue received for resident services provided.
2. Other revenue – Any revenue received other than that shown on line 1. Attach a supporting schedule.
3. **Net revenues** – Add lines 1 and 2.

COSTS AND EXPENSES

4. Professional care – Cost of providing professional care.
5. Dietary – Dietary salaries, payroll taxes, raw food, etc.
6. Housekeeping – Housekeeping supplies, salaries, payroll taxes, etc.
7. Plant operation and maintenance – Facility operation and maintenance expenses, repairs, rent, property insurance, real estate taxes, supplies, etc.
8. Activities – Cost of providing activities for residents.
9. Laundry – Linen and bedding, outside laundry service, supplies, etc.
10. General and administrative – Various expenses such as the salary of the administrator, payroll taxes, employee benefits, legal and accounting fees, telephones, travel and entertainment, vehicles, data processing, licenses, office supplies, insurance, etc.
11. Management and consulting fees – Fees paid to management companies and consultants.
12. Interest – Interest expense.
13. Depreciation and amortization – Depreciation expense and cost of amortized items for the period of the report.
14. Other expenses – Any expenses not reported on lines 4 through 13. Attach a supporting schedule.
15. **Total costs and expenses** – Add lines 4 through 14.
16. **NET EARNINGS (LOSS)** – Subtract line 15 from 3.