CROSS INSURANCE
74 Gilman Road ■ PO Box 1388 ■ Bangor, ME 04401
PH 207-947-7345 ■ 800-999-7345 ■ FAX 207-947-7589 ■ crossagency.com

Contract Status Report – Percentage of Completion Method

For the period _____ through _____

[Tax Year End is _____]
month / day

Name of Contractor _____

	1	2	3	4	5	6	7	8	9	10	11	12	13	14
			CURRENT FORECAST - ENTIRE CONTRACT			RECOGNIZED EARNINGS TO DATE								
Contract Description	Contract Price	Original Estimated Gross Profit	Current Estimated Total Direct Cost (See Note 3)	Estimated Gross Profit (Loss) on Completion	Direct Cost To Date	% 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(s)	Total Amount Billed To Date Including Retainage	Total Billings in Excess of Total Costs To Date	Billings in Excess of Costs & Recognized Earnings	Costs & Estimated Earnings in Excess of Billings	Scheduled Compl. Date Month/Year
TOTALS														

CONTRACTS COMPLETED SINCE LAST FISCAL CLOSING STATEMENT

Job Number	Description of Job	Type of Contract	Owner	Final Contract Price	Total Cost	Gross Profit (Loss)/ Gross Profit %age:
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) _____

Total Uncompleted Work $_____

Total Uncompleted Work to be done by

Bonded Subs $_____

Unbonded Subs $_____

Total Subs $_____

_____
signature title