

**NEW HAMPSHIRE DEPARTMENT of ENERGY
PRO FORMA INCOME STATEMENT AT PRESENT AND PROPOSED RATES FOR YEAR ENDED**

Company _____

Test Year
Ending _____

Revenue	Test/Actual Year Ended	Pro Forma Adjustments	Test Year as Proformed	First Preceding Year	Second Preceding Year

Expenses	Test/Actual Year Ended	Pro Forma Adjustments	Test Year as Proformed	First Preceding Year	Second Preceding Year

Income	Test/Actual Year Ended	Pro Forma Adjustments	Test Year as Proformed	First Preceding Year	Second Preceding Year

Supervisor's Name / Title: _____
(please print)

Supervisor's Signature: _____

Date Submitted: _____