

VD□T Estimate of Lost Profit Worksheet

Business Name: Business Address City/State/Zip: Business Owner(s): Owner's Address City/State/Zip: E-mail: Contact Phone Number: Please note eligibility requirement at end of form. Also note items that are not to be considered in § 25.1-230.1 of the Code of Virginia. List the Prior 3 Years Net Income for Federal Income Tax Purposes (Please attach Federal Income Tax Returns and any other supporting documents deemed appropriate): Tax Year: Total Profit: Tax Year: Total Profit: Tax Year: Total Profit: Three Year Average: This is the basis from which projected loss is deducted Three year average comments if applicable: Indicate projected profit loss (maximum period: three years) due to the acquisition of property for the transportatic project: Tax Year: Projected Profit Loss: Total Projected Loss: Total Projected Loss: Total Profit L		
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