

SCHEDULE B

ROYALTY REPORT FORM

COMPANY NAME _____ **QUARTER/YEAR:** _____

SKU #	Description	Price/ Unit	Units Sold	Total Sales	Less Returns	Less Allowances	Net Sales

Total Net Sales _____
x Royalty Rate _____ %
Royalties Due _____
Less Advances (_____)
Total Royalties Due \$ _____

Estimate of revenue projections for next quarter: _____

Signature of Authorized Officer Certifying foregoing to be accurate

Name and Title: _____

Date:

