

HOTEL / MOTEL INCOME AND EXPENSE SURVEY

Confidential Information Per F.S. 195.027 For Use By Osceola County Property Appraiser's Office Only

Property name: _____

Property address: _____

Attach complete 2017 Profit & Loss Statement and Room Rent Roll

Total Number of Rooms		2017 Average Daily Rate (ADR)	\$ _____
2017 Occupancy Rate	%	2017 Rev Par	\$ _____

2017 GROSS INCOME Income Data for January 1, 2017 thru December 31, 2017

Rooms	\$ +	
Food and/or Restaurant/Bar	\$ +	
Other Income (Specify)	\$ +	
Total 2017 Total Income Received	\$	

2017 OPERATING EXPENSES Expense Data for January 1, 2017 thru December 31, 2017

Rooms	\$ -	
Food and/or Restaurant/Bar	\$ -	
Telephone	\$ -	
Meeting Rooms	\$ -	
Gift Shop, etc.	\$ -	
Other (specify) _____	\$ -	
Total 2017 Departmental Expenses	\$	

Administrative	\$ -	
Franchise Fees	\$ -	
Management Fees	\$ -	
Professional Fees (Accounting, Advertising, Legal, etc.)	\$ -	
Utilities and Services	\$ -	
Repairs & Maintenance	\$ -	
Lease Expense (Specify)	\$ -	
Insurance (Building & Content)	\$ -	
Non Ad Valorem Assessments	\$ -	
Reserves for Replacements	\$ -	
Other (specify) _____	\$ -	
Total 2017 General Expenses	\$	

Total 2017 Operating Expenses **\$**

2017 Net Operating Income (before taxes, cap.improv. & other exp.) **_____**

2017 CAPITAL EXPENSES Expense Data for January 1, 2017 thru December 31, 2017

Please specify improvement. Do not include in operating expenses above

	\$		\$	
	\$		\$	

Prepared by: _____ Title: _____ Date: _____

Signature: _____ Phone #: _____

* Please attach additional pages as necessary. E-mail: _____

RETURN BY APRIL 2, 2018