

# SINGLE TENANT / MULTI-TENANT OFFICE 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: \_\_\_\_\_

## 2018 GROSS INCOME Income Data for January 1, 2018 thru December 31, 2018

Attach complete Profit & Loss Statement and Rent Roll as of 1/1/2019

Property Use (specify if single tenant)	Total Gross Square Feet	Total Leasable Square Feet	Market Rent Square Foot	Gross Income at 100% Occupied
Office				
Owner Occupied		<del>                    </del>	<del>                    </del>	<del>                    </del>

IF 100% OWNER OCCUPIED NO ADDITIONAL INFORMATION IS NECESSARY. PLEASE SIGN AND RETURN

**Total 2018 Gross Rental Income :** \$ \_\_\_\_\_

Vacancy and Collection Loss: % \$ - \_\_\_\_\_

Rent Concessions: \$ - \_\_\_\_\_

Common Area Maintenance \$ + \_\_\_\_\_

Other Income: Vending, etc. \$ + \_\_\_\_\_

**Total 2018 Actual Income Received** \$ \_\_\_\_\_

## 2018 OPERATING EXPENSES Expense Data for January 1, 2018 thru December 31, 2018

Management Fees \$ - \_\_\_\_\_

Payroll \$ - \_\_\_\_\_

Insurance (Building & Content) \$ - \_\_\_\_\_ Do not include multiple years

Insurance (Employee, other) \$ - \_\_\_\_\_ Do not include multiple years

Utilities (Electric, Phone, Cable, etc) \$ - \_\_\_\_\_

Garbage \$ - \_\_\_\_\_

Office Expense, Supplies, etc. \$ - \_\_\_\_\_

Professional Fees (Accounting, Advertising, Legal, etc.) \$ - \_\_\_\_\_

Services (Grounds Maintenance, Elevator, etc) \$ - \_\_\_\_\_

Repairs & Maintenance \$ - \_\_\_\_\_ Do not include capital improvements

Non Ad Valorem Assessments \$ - \_\_\_\_\_

Reserves for Replacements \$ - \_\_\_\_\_

Other (specify) \_\_\_\_\_ \$ - \_\_\_\_\_

**Total 2018 Operating Expenses** \$ - \_\_\_\_\_

**2018 Net Operating Income ( before taxes, cap.improv. & other Exp.)** \$ \_\_\_\_\_

## 2018 CAPITAL EXPENSES Expense Data for January 1, 2018 thru December 31, 2018

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 1, 2019