

GOLF COURSE INCOME AND EXPENSE SURVEY

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

Course name: _____

Course address: _____

2020 GROSS INCOME **Income Data for January 1, 2020 thru December 31, 2020**

Attach complete Year-end Profit & Loss, Income & Expense or other Operating Statements

Type	Income / year	
Total Greens Fee	\$ _____	_____ Greens Fee (per round avg)
Total Membership Fees	\$ _____	_____ Rounds per year
Golf Cart Fees	\$ _____	_____ Number of Memberships
Merchandise Sales	\$ _____	_____ Annual Membership Fee
Driving Range	\$ _____	
Food & Beverage Sales	\$ _____	
Rental/Lease Space	\$ _____	
Miscellaneous/Other	\$ _____	
Total 2020 Actual Income Received	\$ _____	

2020 OPERATING EXPENSES **Expense Data for January 1, 2020 thru December 31, 2020**

Pro Shop/Merchandise - costs of goods sold	\$ - _____	
Food & Beverage - costs of goods sold	\$ - _____	
Salaries & Wages	\$ - _____	
Advertising/Marketing	\$ - _____	
Utilities - Electric,Phone,Cable, etc	\$ - _____	
Garbage	\$ - _____	
Office Expense, Supplies, etc.	\$ - _____	
Professional Fees	\$ - _____	
Golf Cart Lease/Rental	\$ - _____	
Course Maintenance	\$ - _____	
Repairs & Maintenance	\$ - _____	Do not include capital improvements
Management Fees	\$ - _____	
Insurance	\$ - _____	Do not include multiple years
Non Ad Valorem Assessments	\$ - _____	
Reserves for Replacements	\$ - _____	
Other (specify) _____	\$ - _____	
Total 2020 Operating Expenses	\$ - _____	

2020 Net Operating Income (before taxes, cap.improv. & other exp.) \$ _____

2020 CAPITAL EXPENSES **Expense Data for January 1, 2020 thru December 31, 2020**

Please specify improvement. Do not include in operating expenses above

_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

Prepared by: _____	Title: _____	Date: _____
Signature: _____	Phone # : _____	
* Please attach additional pages as necessary.		E-mail : _____

COVID -19 INFORMATION

Did you receive any subsidy for Covid -19 relief? _____

Did you include any subsidy in your reported revenue? _____

If so, please state the amount \$ _____

Did you make any rent concessions or modifications? _____

If so, what were the terms? _____

Did you experience any vacancies directly related to Covid-19? _____

Please attach any additional information that you feel is relevant.

RETURN BY APRIL 1, 2021