

# 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: \_\_\_\_\_

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

Attach complete Profit & Loss Statement and Rent Roll as of 1/1/2021

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 2020 Gross Rental Income :** \$ \_\_\_\_\_  
 Vacancy and Collection Loss: \_\_\_\_\_ % \$ - \_\_\_\_\_  
 Rent Concessions: \$ - \_\_\_\_\_  
 Common Area Maintenance \$ + \_\_\_\_\_  
 Other Income: Vending, etc. \$ + \_\_\_\_\_  
**Total 2020 Actual Income Received** \$ \_\_\_\_\_

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

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 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