RETAIL / SHOPPING CENTER 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

<table>
<thead>
<tr>
<th>Property Use (specify if single tenant)</th>
<th>Total Gross Square Feet</th>
<th>Total Leasable Square Feet</th>
<th>Market Rent Square Foot</th>
<th>Gross Income at 100% Occupied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retail Store / Office</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Owner Occupied</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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) $ -   
Insurance (Employee, other) $ -   
Utilities (Electric, Phone, Cable, etc) $ -   
Garbage $ -   
Office Expense, Supplies, etc. $ -   
Professional Fees (Accounting, Advertising, Legal, etc.) $ -   
Services (Grounds Maintenance, Elevator, etc) $ -   
Repairs & Maintenance $ -   
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

Please attach additional pages as necessary.  
E-mail:   

Prepared by: __________________________________ Title: __________________ Date: ______
Signature: __________________________________ Phone #: __________________

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