

# 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**

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

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

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

**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) _____	\$ -	
<b>Total 2020 Operating Expenses</b>	<b>\$ -</b>	

**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**