

# WAREHOUSE / FLEX 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
Warehouse/Flex				
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