

HOTEL / MOTEL 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: _____

Use Submit Button to Attach complete 2024 Profit & Loss Statement and Room Rent Roll

Total Number of Rooms	2024 Average Daily Rate (ADR) \$
2024 Occupancy Rate %	2024 Rev Par \$

2024 GROSS INCOME Income Data for January 1, 2024 thru December 31, 2024

Rooms	\$ _____
Food and/or Restaurant/Bar	\$ _____
Other Income (Specify) _____	\$ _____
Total Income	\$ _____

2024 Operating Expense Data for January 1, 2024 thru December 31, 2024

Food and/or Restaurant/Bar	\$ _____
Telephone Meeting Rooms	\$ _____
Gift Shop, etc.	\$ _____
Other (specify) _____	\$ _____
Total 2024 Departmental Expenses	\$ _____

Administrative	\$ _____
Franchise Fees	\$ _____
Management Fees	\$ _____
Professional Fees (Accounting, Advertising, Legal, etc.)	\$ _____
Utilities and Services	\$ _____
Repairs & Maintenance	\$ _____
Lease Expense (Specify)	\$ _____
Insurance (Building & Content)	\$ _____
Non Ad Valorem Assessments	\$ _____
Reserves for Replacements	\$ _____
Other (specify) _____	\$ _____
Total 2024 General Expenses	\$ _____

Total 2024 Operating Expenses **\$ _____**

2024 Net Operating Income (before taxes, capital improvements & other exp.) **_____**

2024 CAPITAL EXPENSES Expense Data for January 1, 2024 thru December 31, 2024

Please specify improvement. Do not include in operating expenses above

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

Prepared by: _____ Title: _____ Date: _____

Signature: _____ Phone #: _____

* Please attach additional pages as necessary. E-mail: _____

RETURN BY APRIL 1, 2025