

# Commercial Property Income & Expenses

Confidential (for the use of the Collier County Property Appraiser Only)

Calendar Year: \_\_\_\_\_

## Property Information:

## Business Code:

Project Type (ex. Office, Retail, Industrial, Restaurant, etc): \_\_\_\_\_  
Tenancy (ex. Single-User, multi-tenant): \_\_\_\_\_  
Number of Units (if multi-tenant): \_\_\_\_\_  
Total rentable building area (sq ft): \_\_\_\_\_  
Average Vacancy (Input as sq ft and/or %): \_\_\_\_\_  
Owner-Occupancy sq ft or % (If applicable): \_\_\_\_\_

*If property is fully owner-occupied, disregard "income" section*

### Income (input actual annual income collected)

Rent Income \_\_\_\_\_  
Expense Reimbursement Income (CAM, RE Taxes, Insurance, etc.) \_\_\_\_\_  
Percentage Rent (if applicable) \_\_\_\_\_  
Other/Miscellaneous Income (Specify) \_\_\_\_\_

### Total Gross Income

### Operating Expenses (input actual annual expenses paid)

Real Estate Taxes (RE Property taxes only) \_\_\_\_\_  
Property Insurance (annual premium) \_\_\_\_\_  
Management (3rd party management services) \_\_\_\_\_  
General Repairs and Maintenance (interior & exterior) \_\_\_\_\_  
General Services (lawn/grounds, janitorial, pest, safety, security etc) \_\_\_\_\_  
Utilities (electric, water/sewer, gas, trash/recycling, etc) \_\_\_\_\_  
Administration (general admin., legal, accounting, advertising, etc) \_\_\_\_\_  
Payroll (if applicable) \_\_\_\_\_  
Reserves for replacement (reserve fund) \_\_\_\_\_  
Marketing/leasing \_\_\_\_\_  
Other (specify, do not include debt service or depreciation) \_\_\_\_\_

### Total Operating Expense

### Other Expenses (input actual annual expenses paid)

Leasing Commissions (If applicable) \_\_\_\_\_  
Tenant improvements (if applicable) \_\_\_\_\_

### Total Other Expenses

### Capital Expenditures (input actual non-reoccurring expenses paid)

Roof (atypical major repair or replacement) \_\_\_\_\_  
Painting (exterior building/non-tenant improvement) \_\_\_\_\_  
Heating/Cooling (atypical major repair or replacement) \_\_\_\_\_  
Parking Lot Resurfacing/Restriping \_\_\_\_\_  
Other (specify) \_\_\_\_\_

### Total Capital Expenditures

### Contact Information

Prepared by (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Please specify if: Owner ( ) or Agent/Authorized Rep ( ) or Other (specify) \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_