

Thank you in advance for submitting your income and expense data. Once completed, please submit the form via email, mail or fax before April 15th, 2018. You may also submit a profit and loss statement and a rent roll, instead of completing the form.

All taxpayer financial records provided in response to this request are confidential pursuant to section 195.027(3), Florida Statutes and are exempt from public records requests.

Email to: rrape@hcpafl.org

Or mail to: Hillsborough County Property Appraiser
601 E. Kennedy Blvd., 15th Floor
Tampa, FL 33602-4932
Attn. Rick Rape, MAI

Or Fax to: 813.307.4448

We appreciate your cooperation with this request.

For more information, or to have a form mailed to you, please contact the Commercial Department at (813) 276-8819.



INCOME AND EXPENSE STATEMENT FOR HOTELS AND MOTELS
 For Year Ended 12/31/

Folio _____

Owners Name _____

Property Address _____

Property Type	Total Room Count	Average Occupancy	Average Daily Rate	REVPAR
Full Service				
Limited Service				
Extended Stay				
Other				

Income

1.) Room Income		1
2.) Food and Beverage Income		2
3.) Telecommunications		3
4.) Other (please explain) _____		4
5.) EFFECTIVE GROSS INCOME		5

Expenses

6.) Management Fees		6
7.) Franchise Fees		7

Departmental Expenses

8.) Rooms		8
9.) Food and Beverage		9
10.) Telecommunications		10
11.) Administrative (Advertising, Legal, Accounting etc.)		11
12.) Utilities		12
13.) Repairs and Maintenance		13
14.) Marketing		14
15.) Insurance Premiums		15
16.) Other Expenses (please explain) _____		16
17.) Reserves for Replacements		17
18.) Tangible Personal Property Taxes		18
19.) Other Taxes		19
20.) Real Estate Taxes		20
21.) Total Expenses		21
22.) NET OPERATING INCOME		22

Capital Expenditures

23.) Furniture, Fixtures, & Equipment		23
24.) Other (Please explain) _____		24

Submitted by (please print) _____

Telephone # _____

Email _____

Date _____