

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: edelmanm@hcpafl.org

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

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) 276-8516



INCOME AND EXPENSE STATEMENT FOR RETAIL PROPERTIES
 For Year Ended 12/31/

Folio _____

Owners Name _____

Property Address _____

| Property Type | Total Space (sq. ft.) | Annual Rent (sq. ft.) |
|-----------------------------|-----------------------|-----------------------|
| Regional Mall | | |
| Anchored Community Center | | |
| Unanchored Community Center | | |
| Neighborhood Strip Center | | |
| Single Tenant | | |
| Other | | |

Income

| | | | |
|---|--|--|---|
| 1.) Potential Gross Rent (as if 100% occupied) | | | 1 |
| 2.) Less Vacancy | | | 2 |
| 3.) Less Collection Loss | | | 3 |
| 4.) Tenant Reimbursements (Taxes, Insurance, C.A.M) | | | 4 |
| 5.) EFFECTIVE GROSS INCOME | | | 5 |

Expenses

| | | | |
|---|--|--|----|
| 6.) Management Fees | | | 6 |
| 7.) Payroll | | | 7 |
| 8.) Administrative (Advertising, Legal, Accounting etc.) | | | 8 |
| 9.) Utilities | | | 9 |
| 10.) Repairs | | | 10 |
| 11.) Grounds Maintenance (Trash, Landscape, Parking Lot etc.) | | | 11 |
| 12.) Janitorial and Building Maintenance | | | 12 |
| 13.) Reserves for Replacements | | | 13 |
| 14.) Insurance Premiums | | | 14 |
| 15.) Other Expenses (please explain) _____ | | | 15 |
| 16.) Real Estate Taxes | | | 16 |
| 17.) Tangible Personal Property Taxes | | | 17 |
| 18.) Other Taxes | | | 18 |
| 19.) Total Expenses | | | 19 |
| 20.) NET OPERATING INCOME | | | 20 |

21.) Capital Expenditures (please explain) _____ 21