

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 SENIOR CARE

For Year Ended 12/31/

Folio _____

Owners Name _____

Property Address _____

Property Type	# of Beds	# of Units	% Occupancy	Average Applicable Rate		
				Daily	Monthly	Annual
Nursing Facility						
Assisted Living Facility						
Independent Living Facility						
Other Facility (Describe)						

Income

1.) Income from Nursing Facility		1
2.) Income from Assisted Living Facility		2
3.) Income from Independent Living Facility		3
4.) Income from Other Facility		4
5.) Miscellaneous Income		5
6.) EFFECTIVE GROSS INCOME		6

Expenses

7.) Management Fees		7
8.) Payroll		8
9.) Dietary Services		9
10.) Nursing, ALF or ILF Services		10
11.) Administrative (Advertising, Legal, Accounting etc.)		11
12.) Utilities		12
13.) Housekeeping		13
14.) Repairs		14
15.) Grounds Maintenance (Trash, Landscape, Parking Lot etc.)		15
16.) Insurance Premiums		16
17.) Reserves for Replacements		17
18.) Other Expenses (Please explain) _____		18
19.) Real Estate Taxes		19
20.) Tangible Personal Property Taxes		20
21.) Other Taxes		21
22.) Total Expenses		22
23.) NET OPERATING INCOME		23

Capital Expenditures

24.) Carpet		24
25.) Appliances		25
26.) Other (please explain) _____		26