



Randy Mazourek  
Hernando County Property Appraiser  
201 Howell Ave.  
Brooksville, FL 34601

Phone: 352-754-4190  
Administration FAX: (352) 754-4198  
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**Confidential Information per F.S. 195.027 - For Use by Hernando County Property Appraiser's Office Only**

**INCOME AND EXPENSE STATEMENT**  
**From Prior Calendar Year**

Alternate Key: \_\_\_\_\_ Partial Owner Occupancy: \_\_\_\_\_ %  
Parcel ID: \_\_\_\_\_  
Owner's Name: \_\_\_\_\_  
Property Address: \_\_\_\_\_

Property Type	Owner				CAM	Annual Rent	
	Occupied (sq. ft.)	Leased (sq. ft.)	Vacant (sq. ft.)	Total (sq. ft.)		Monthly	Annual
Single-Tenant	0	0	0	0	\$ -	\$ -	\$ -
Multi-Tenant	0	0	0	0	\$ -	\$ -	\$ -
Medical	0	0	0	0	\$ -	\$ -	\$ -
Other: (Specify)							
	0	0	0	0	\$ -	\$ -	\$ -

**SECTION 2 - OTHER INCOME & EXPENSES**

1	Potential Gross Income (as if 100% occupied)	\$ -	1
2	Less Vacancy	\$ -	2
3	Less Collection Loss	\$ -	3
4	Less Concessions	\$ -	4
5	Tenant Reimbursements (taxes, insurance, CAM, utilities)	\$ -	5
6	Miscellaneous Income (please explain) _____	\$ -	6
7	<b>TOTAL OTHER INCOME</b>	<b>\$ -</b>	<b>7</b>
8	Insurance	\$ -	8
9	Utilities	\$ -	9
10	Management	\$ -	10
11	Payroll	\$ -	11
12	Administration (advertising, professional fees, office supplies, etc.)	\$ -	12
13	Supplies (janitorial, etc.)	\$ -	13
14	Maintenance & Repairs	\$ -	14
15	Services (grounds, pool, etc.)	\$ -	15
16	Reserves for Replacement	\$ -	16
17	Other: (specify) _____	\$ -	17
18	Real Estate Taxes	\$ -	18
19	Tangible Personal Property Taxes	\$ -	19
20	Other Taxes	\$ -	20
21	Lease Commissions	\$ -	21
22	<b>TOTAL EXPENSES</b>	<b>\$ -</b>	<b>22</b>

**DO NOT INCLUDE PROPERTY TAXES, DEBT SERVICE, INTEREST, DEPRECIATION, AMORTIZATION OR CAPITAL EXPENDITURES**



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SECTION 3 - RENT ROLL			GENERAL COMMERCIAL PROPERTY					
Unit #	Tenant Name	Sq. Ft.	CAM		Base Rent		Months	
			Month	Annual	Month	Annual	Vacant	
1			0	\$ -	\$ -	\$ -	\$ -	0
2			0	\$ -	\$ -	\$ -	\$ -	0
3			0	\$ -	\$ -	\$ -	\$ -	0
4			0	\$ -	\$ -	\$ -	\$ -	0
5			0	\$ -	\$ -	\$ -	\$ -	0
6			0	\$ -	\$ -	\$ -	\$ -	0
7			0	\$ -	\$ -	\$ -	\$ -	0
8			0	\$ -	\$ -	\$ -	\$ -	0
9			0	\$ -	\$ -	\$ -	\$ -	0
10			0	\$ -	\$ -	\$ -	\$ -	0
11			0	\$ -	\$ -	\$ -	\$ -	0
12			0	\$ -	\$ -	\$ -	\$ -	0
13			0	\$ -	\$ -	\$ -	\$ -	0
14			0	\$ -	\$ -	\$ -	\$ -	0
15			0	\$ -	\$ -	\$ -	\$ -	0
16			0	\$ -	\$ -	\$ -	\$ -	0
17			0	\$ -	\$ -	\$ -	\$ -	0
18			0	\$ -	\$ -	\$ -	\$ -	0
19			0	\$ -	\$ -	\$ -	\$ -	0
20			0	\$ -	\$ -	\$ -	\$ -	0
21			0	\$ -	\$ -	\$ -	\$ -	0
	TOTAL BASE RENT AND CAM		0	\$ -	\$ -	\$ -	\$ -	\$ -

22	TOTAL NUMBER OF RENTABLE UNITS	0
23	TOTAL VACANCY AND COLLECTION LOSS	\$ -

***If any portion of the property is for rent or rented, please include in Section 1 and Section 3. Please include owner/manager occupied space in the total leaseable area. Attach additional sheets if necessary.***

***RETURN BY APRIL 1***

Prepared by: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

***PLEASE INCLUDE A SUMMARY RENT ROLL (or complete page 2) AND THE ANNUAL PROFIT AND LOSS STATEMENT***



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## INSTRUCTIONS

### SECTION 1 - PROPERTY & LEASE TYPE

- a) Select the appropriate property type and complete the total square foot for each applicable section: single - tenant, multi-tenant, medical or other (please specify).
- b) Report the sum of all rents that could have been collected if 100% of these areas had been occupied. Put the total in the appropriate lease type column: Net, Modified Gross, Full Service.

### SECTION 2 - INCOME

Line 1-4 - Report the sum of all reimbursements received from the tenant for each applicable section. This is relevant to Net or Modified Gross Leases.

Line 5 - Report the sum of services sold to tenants to include, coin operated laundry, vending machines, other miscellaneous income or pass-throughs.

Line 6 - Report other pass-throughs you may receive for incidentals such as parking, signage, a/c, or utility charges, etc.

### SECTION 2 - EXPENSES

Line 8 - Include one year insurance charges for fire, liability, theft, and all of the insurance premiums except workers' compensation and employee benefit plans.

Line 9 - Include all utilities costs for this building even if some of these costs are billed back to your tenant.

Line 10 - Include all off-site management fees associated with this building. Exclude asset management fees.

Line 11 - Include all on-site payroll expenses associated with this building.

Line 12 - Include all administrative costs and charges not included in other categories. Exclude automotive, bank interest fees, depreciation/amortization, interest, and travel expenses. Exclude mortgage payment, State of FL annual Report Fee, and office equipment.

Line 13 - Include all janitorial supplies and expenses.

Line 14 - Include all maintenance and repair charges associated with this building. Exclude appliance or HVAC replacements, capital expenditures, roof and utility replacements, new construction and tenant improvement allowance.

Line 15 - include the sum of services sold to tenants to include coin laundry, vending, or other miscellaneous income or pass-throughs.

Line 16 - Include the total amount held for reserves, if applicable.

Line 17 - Include other costs associated with this building if not included in the above. Please specify.

Line 18 - Include any Real Estate Tax Expenses.

Line 19 - Include any Tangible Personal Property Tax Expenses.

Line 20 - Include any other tax expenses.

Line 21 - Include any lease commissions, if applicable.

### SECTION 3 - RENT ROLL

a) Include information for each unit, including unit #, tenant name, square footage, Common Area Maintenance monthly and annual costs (if applicable), monthly and annual base rent, number of months vacant (if any), and other relevant details.

b) Provide the total number of rentable units.

c) Provide the sum of all vacancies and collection losses for the year.