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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 FOR OFFICES/SMALL RETAIL/INDUSTRIAL OR OTHER**

**From Prior Calendar Year**

Alternate Key: \_\_\_\_\_ Partial Owner Occupancy: \_\_\_\_\_ %

Parcel ID: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

SECTION 1 Property Type	Owner				Annual Rent		
	Occupied (sq. ft.)	Leased (sq. ft.)	Vacant (sq. ft.)	Total (sq. ft.)	Net	Modified or Gross	Full Service
Singe-Tenant	0	0	0	0	\$ -	\$ -	\$ -
Muti-Tenant	0	0	0	0	\$ -	\$ -	\$ -
Medical	0	0	0	0	\$ -	\$ -	\$ -
Other: (Specify) _____	0	0	0	0	\$ -	\$ -	\$ -

**SECTION 2 - OTHER INCOME & EXPENSES**

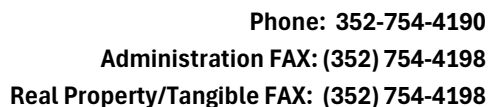
1	Real Estate Tax Reimbursement	\$ -	1
2	Real Estate Insurance Reimbursement	\$ -	2
3	Utilities Reimbursement (electric, water, sewer, trash)	\$ -	3
4	Common Area Maintenance (grounds, landscaping, parking lot upkeep)	\$ -	4
5	Personal Service (laundry, vending, subsidy, etc.)		5
6	Miscellaneous Income (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	<b>TOTAL EXPENSES</b>	<b>\$ -</b>	<b>18</b>

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

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

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

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



Unit #	Tenant Name	Sq. Ft.	CAM		Base Rent		Months
			Month	Annual	Month	Annual	Vacant
		2	\$ -	\$ -	\$ -	\$ -	0
		2	\$ -	\$ -	\$ -	\$ -	0
		2	\$ -	\$ -	\$ -	\$ -	0
		2	\$ -	\$ -	\$ -	\$ -	0
		0	\$ -	\$ -	\$ -	\$ -	0
		0	\$ -	\$ -	\$ -	\$ -	0
		0	\$ -	\$ -	\$ -	\$ -	0
		0	\$ -	\$ -	\$ -	\$ -	0
		0	\$ -	\$ -	\$ -	\$ -	0
		0	\$ -	\$ -	\$ -	\$ -	0
		0	\$ -	\$ -	\$ -	\$ -	0
		0	\$ -	\$ -	\$ -	\$ -	0
		0	\$ -	\$ -	\$ -	\$ -	0
		0	\$ -	\$ -	\$ -	\$ -	0
		0	\$ -	\$ -	\$ -	\$ -	0
		0	\$ -	\$ -	\$ -	\$ -	0
		0	\$ -	\$ -	\$ -	\$ -	0
		0	\$ -	\$ -	\$ -	\$ -	0
		0	\$ -	\$ -	\$ -	\$ -	0
		0	\$ -	\$ -	\$ -	\$ -	0
		0	\$ -	\$ -	\$ -	\$ -	0
TOTAL BASE RENT AND CAM		8	\$ -	\$ -	\$ -	\$ -	0

TOTAL SQUARE FOOTAGE	8
TOTAL ANNUAL CAM	\$ -
TOTAL ANNUAL RENT	\$ -

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

PGI	\$	-
VACANCY	\$	-
EGI	\$	-
EXPENSES	\$	-
NOI	\$	-



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## DEFINITIONS AND INSTRUCTIONS

**Net Lease** - a type of commercial real estate lease where the tenant pays rent plus some or all of the property's operating expenses. (Single Net, Double Net, Triple Net).

**Modified Gross Lease** - a type of commercial real estate lease where the tenant and the landlord share responsibility for paying property operating expenses.

**Full Service Gross Lease** - a type of commercial real estate lease where the tenant pays a single, all-inclusive rent payment to the landlord who is then responsible for covering all operating expenses associated with the property.

### 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's 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.

### 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.