



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

Phone: 352-754-4190
Administration FAX: (352) 754-4198
Real Property/Tangible FAX: (352) 754-4198

Confidential Information per F.S. 195.027 - For Use by Hernando County Property Appraiser's Office Only

INCOME AND EXPENSE STATEMENT FOR LARGE RETAIL OR OTHER

Alternate Key: _____ Partial Owner Occupancy: _____ %

Parcel ID: _____

Owner's Name: _____

Property Address: _____

SECTION 1		Total Space	Annual Rent	Annual Pass Throughs	# of
Property Type		(sq. ft.)	(sq. ft.)	(sq. ft.)	Stories
1	Regional Mall	0	\$ -		
2	Anchored Community Center	0	\$ -		
3	Unanchored Community Center	0	\$ -		
4	Neighborhood Strip Center	0	\$ -		
5	Single Tenant	0	\$ -		
6	Other (specify) : _____	0	\$ -		

SECTION 2 - INCOME

7	Potential Gross Rent (as if 100% occupied)	\$ -	7
8	Less Vacancy	\$ -	8
9	Less Collection Loss	\$ -	9
10	Less Concessions	\$ -	10
11	Tenant Reimbursements (taxes, insurance, CAM)	\$ -	11
12	Miscellaneous Income (please explain) _____	\$ -	12
13	TOTAL RENTAL INCOME	\$ -	13

SECTION 3 - EXPENSES

14	Management	\$ -	14
15	Payroll & Payroll Taxes	\$ -	15
16	Administrative	\$ -	16
17	Lease Commissions	\$ -	17
18	Utilities Total	\$ -	18
19	a. Electric	\$ -	19
20	b. Water/Sewer	\$ -	20
21	c. Cable/Internet	\$ -	21
22	d. Trash	\$ -	22
23	e. Telephone	\$ -	23
24	Building Repairs and Maintenance	\$ -	24
25	Grounds Maintenance	\$ -	25
26	Insurance	\$ -	26
27	Reserves for Replacement	\$ -	27
28	Other Expenses (please specify): _____	\$ -	28
29	Real Estate Taxes	\$ -	29
30	Tangible Person Property Taxes	\$ -	30
31	TOTAL OPERATING EXPENSES	\$ -	31
32	NET OPERATING INCOME	\$ -	32

Large Retail or Other
Income Expense 1



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

Phone: 352-754-4190
Administration FAX: (352) 754-4198
Real Property/Tangible FAX: (352) 754-4198

Confidential Information per F.S. 195.027 - For Use by Hernando County Property Appraiser's Office Only

SECTION 3 - TENANT ROLL				COMMERCIAL RETAIL PROPERTY					
Unit #	Tenant Name	Sq. Ft.	CAM		Base Rent		Months		
			Month	Annual	Month	Annual	Vacant		
1			0	\$ -	\$ -	\$ -	\$ -	0	1
2			0	\$ -	\$ -	\$ -	\$ -	0	2
3			0	\$ -	\$ -	\$ -	\$ -	0	3
4			0	\$ -	\$ -	\$ -	\$ -	0	4
5			0	\$ -	\$ -	\$ -	\$ -	0	5
6			0	\$ -	\$ -	\$ -	\$ -	0	6
7			0	\$ -	\$ -	\$ -	\$ -	0	7
8			0	\$ -	\$ -	\$ -	\$ -	0	8
9			0	\$ -	\$ -	\$ -	\$ -	0	9
10			0	\$ -	\$ -	\$ -	\$ -	0	10
11			0	\$ -	\$ -	\$ -	\$ -	0	11
12			0	\$ -	\$ -	\$ -	\$ -	0	12
13			0	\$ -	\$ -	\$ -	\$ -	0	13
14			0	\$ -	\$ -	\$ -	\$ -	0	14
15			0	\$ -	\$ -	\$ -	\$ -	0	15
16			0	\$ -	\$ -	\$ -	\$ -	0	16
17			0	\$ -	\$ -	\$ -	\$ -	0	17
18			0	\$ -	\$ -	\$ -	\$ -	0	18
19			0	\$ -	\$ -	\$ -	\$ -	0	19
20			0	\$ -	\$ -	\$ -	\$ -	0	20
21			0	\$ -	\$ -	\$ -	\$ -	0	21
22			0	\$ -	\$ -	\$ -	\$ -	0	22
	TOTAL BASE RENT AND CAM		0	\$ -	\$ -	\$ -	\$ -	0	23

TOTAL NUMBER OF RENTABLE UNITS	0
Type of Lease:	<input type="checkbox"/> Gross <input type="checkbox"/> Modified Gross <input type="checkbox"/> Net <input type="checkbox"/> Percentage If Net: Single <input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Triple

Please include owner/manager occupied space in the total leaseable area. Attach additional sheets if necessary.

Prepared by: _____ Title: _____

Signature: _____ Email: _____

Phone: _____ Date: _____

RETURN BY APRIL 1



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

Phone: 352-754-4190
Administration FAX: (352) 754-4198
Real Property/Tangible FAX: (352) 754-4198

INSTRUCTIONS

SECTION 1 - PROPERTY & LEASE TYPE

Select the appropriate property type and complete the total square foot, annual rent per square foot, annual pass-throughs per square foot, and number of stories.

SECTION 2 -INCOME

Line 7 - Report the sum of all rents that could have been collected if 100% of the units had been occupied. Include all owner or staff-occupied units and models. Include amounts collected in subsidies.

Line 8 - Enter total amount of vacancy.

Line 9 - Enter total amount of Loss to Lease.

Line 10 -Enter total amount of rental concessions.

Line 11 - Enter total of tenant reimbursements.

Line 12 - Enter the total of any other miscellaneous income.

SECTION 2 - EXPENSES

Line 14 - Include all off-site management fees associated with this building. Exclude asset management fees.

Line 15 - Include all on-site payroll expenses associated with this building.

Line 16 - 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 17 - Include all lease commissions.

Line 18 Include all utilities costs for this building even if some of these costs are billed back to your tenant.

Line 24 - 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 25 - Include all expenses for outside services (pool, grounds, etc.).

Line 26 - Include one year's insurance charges for fire, liability, theft, and all of the insurance premiums except workers' compensation and employee benefit plans.

Line 27 - Include the total amount held for reserves, if applicable.

Line 28- Include other costs associated with this building if not included in the above. Please specify.

Line 29 - Include any Real Estate Tax Expenses.

Line 30 - Include any tangible Personal Property Tax Expenses.

SECTION 3 - TENANT ROLL

a) Include information for each TYPE: 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 type of lease.