



Marsha M. Faux, CFA, ASA
Polk County Property Appraiser
INCOME/EXPENSE ANALYSIS: HOTELS
(For Previous Calendar Year 1/1 through 12/31)
REAL ESTATE DIVISION

ADA Compliant
R. 01/2024

BUSINESS NAME:
 PROPERTY AKA:
 PROPERTY LOCATION:

PARCEL ID:

INCOME:

GROSS POSSIBLE RENTS AT 100% OCCUPANCY

RENTAL INCOME	\$	
FOOD AND BEVERAGE	\$	
BANQUET AND CONVENTION	\$	
RETAIL / RESTAURANT RENTAL	\$	
OTHER INCOME	\$	
SUBTOTAL GROSS INCOME		\$ _____

COST OF GOODS SOLD EXPENSE

FOOD AND BEVERAGE	\$	
BANQUET AND CONVENTION	\$	
OTHER DIRECT EXPENSE	\$	
SUBTOTAL COST OF GOODS SOLD		\$

TOTAL OPERATING INCOME **\$**

EXPENSES:

PROPERTY INSURANCE	\$
UTILITIES	\$
REPAIRS/MAINTENANCE	\$
MANAGEMENT FEE PAYROLL	\$
& BENEFITS ADVERTISING &	\$
MARKETING PROFESSIONAL	\$
FEEES GENERAL/	\$
ADMINISTRATIVE REAL	\$
FRANCHISE FEE	\$
RETAIL/RESTAURANT RENTAL	\$

TOTAL OPERATING EXPENSES **\$**

NET OPERATING INCOME **\$**

PLEASE FILL OUT ALL PAGES OF THE FORM

NOTE: IN LIEU OF THE FORM, A YEAR END PROFIT & LOSS STATEMENT AND RENT ROLL AS OF JANUARY 1ST CAN BE PROVIDED

OTHER EXPENSES:

REAL ESTATE TAXES	\$
RESERVES FOR REPLACEMENT	\$
CAPITAL EXPENDITURES	\$

PLEASE DESCRIBE THE CAPITAL IMPROVMENTS COMPLETED IN THE PAST CALENDAR YEAR

PROPERTY TYPE:

DESCRIPTION	TOTAL ROOM COUNT	AVG. OCCUPANCY	AVG DAILY RATE (ADR)	REVPAR
FULL SERVICE				
LIMITED SERVICE				
EXTENDED STAY				
OTHER				

ADDITIONAL INFORMATION:

AMENITY	SIZE (SqFt)	LEASED OR OWNER OCCUPIED	IF LEASED MONTHLY RATE	TERMS OF LEASE
RESTAURANT				
LOUNGE				
BANQUET FACILITIES				
CONVENTION ROOMS				
OTHER				
OTHER				
OTHER				

PREPARER INFORMATION:

NAME & TITLE
 EMAIL ADDRESS
 TELEPHONE #
 DATE

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