



Marsha M. Faux, CFA, ASA

ADA Compliant
R. 01/2024

Polk County Property Appraiser

INCOME/EXPENSE ANALYSIS: MULTI-TENANT OFFICE

(For Previous Calendar Year 1/1 through 12/31)

REAL ESTATE DIVISION

BUSINESS NAME:

PROPERTY LOCATION:

PARCEL ID:

INCOME:

RENTAL INCOME		\$
VACANCY	%	(Sqft)
TENANT REIMBURSEMENTS		
COMMON AREA MAINTENANCE	\$	
INSURANCE	\$	
REAL ESTATE TAXES	\$	
OTHER	\$	
TOTAL REIMBURSEMENTS		\$
TOTAL INCOME		\$

EXPENSES:

PROPERTY INSURANCE	\$
UTILITIES	\$
REPAIRS/MAINTENANCE	\$
MANAGEMENT FEE	\$
PAYROLL & BENEFITS	\$
ADVERTISING & MARKETING	\$
PROFESSIONAL FEES	\$
GENERAL/ADMINISTRATIVE	\$
TOTAL OPERATING EXPENSES	\$
NET OPERATING INCOME	\$

OTHER EXPENSES:

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

PLEASE DESCRIBE THE CAPITAL IMPROVMENTS COMPLETED IN THE PAST CALENDAR YEAR

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

ADDITIONAL INFORMATION:

UNIT # OR ADDRESS	TENANT NAME	TENANT TYPE <small>(MEDICAL, OFFICE, ETC.)</small>	NET LEASABLE AREA (SqFt)	LEASE START & END DATE	BASE RENT PER SQFT	CAM PER SQFT	ADDITIONAL RENT
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PREPARER INFORMATION:

NAME & TITLE
EMAIL ADDRESS
TELEPHONE #
DATE

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