Thank you in advance for submitting your income and expense data. Once completed, please submit the form via email, mail or fax before April 15th. You may also submit a profit and loss statement and a rent roll, instead of completing the form.

All taxpayer financial records provided in response to this request are confidential pursuant to section 195.027(3), Florida Statutes and are exempt from public records requests.

Email to: rrape@hcpafl.org

Or mail to: Hillsborough County Property Appraiser
601 E. Kennedy Blvd., 15th Floor
Tampa, FL 33602-4932
Attn. Rick Rape, MAI

Or Fax to: 813.307.4448

We appreciate your cooperation with this request.

For more information, or to have a form mailed to you, please contact the Commercial Department at (813) 276-8819.

Bob Henriquez, CFA
Hillsborough County Property Appraiser

County Center, 15th Floor
601 East Kennedy Boulevard
Tampa, Florida 33602-4932

Telephone: (813) 272-6100
Fax: (813) 307-4448
www.hcpafl.org

INCOME AND EXPENSE STATEMENT FOR RETAIL PROPERTIES
For Year Ended 12/31/

Folio _____

Owners Name _____

Property Address _____

Property Type	Total Space (sq. ft.)	Annual Rent (sq. ft.)
Regional Mall		
Anchored Community Center		
Unanchored Community Center		
Single Tenant		
Other		

Income

1.) Potential Gross Rent (as if 100% occupied)		1
2.) Less Vacancy		2
3.) Less Collection Loss		3
4.) Tenant Reimbursements (Taxes, Insurance, C.A.M)		4
5.) EFFECTIVE GROSS INCOME		5

Expenses

6.) Management Fees	6
7.) Payroll	7
8.) Administrative (Advertising, Legal, Accounting etc.)	8
9.) Utilities	9
10.) Repairs	10
11.) Grounds Maintenance (Trash, Landscape, Parking Lot etc.)	11
12.) Janitorial and Building Maintenance	12
13.) Reserves for Replacements	13
14.) Insurance Premiums	14
15.) Other Expenses (please explain) _____	15
16.) Real Estate Taxes	16
17.) Tangible Personal Property Taxes	17
18.) Other Taxes	18
19.) Total Expenses	19
20.) NET OPERATING INCOME	20

21.) Capital Expenditures (please explain) _____	21

_____ _____ _____ _____
Submitted by (please print)   Telephone #   Email   Date