

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.



INCOME AND EXPENSE STATEMENT FOR HOTELS AND MOTELS
 For Year Ended 12/31/2019

Folio _____

Owners Name _____

Property Address _____

| Property Type | Total Room Count | Average Occupancy | Average Daily Rate | REVPAR |
|-----------------|------------------|-------------------|--------------------|--------|
| Full Service | | | | |
| Limited Service | | | | |
| Extended Stay | | | | |
| Other | | | | |

2019 Income

| | | |
|----------------------------------|--|---|
| 1.) Room Income | | 1 |
| 2.) Food and Beverage Income | | 2 |
| 3.) Telecommunications | | 3 |
| 4.) Other (please explain) _____ | | 4 |
| 5.) EFFECTIVE GROSS INCOME | | 5 |

2019 Expenses

| | | |
|---------------------|--|---|
| 6.) Management Fees | | 6 |
| 7.) Franchise Fees | | 7 |

Departmental Expenses

| | | |
|---|--|----|
| 8.) Rooms | | 8 |
| 9.) Food and Beverage | | 9 |
| 10.) Telecommunications | | 10 |
| 11.) Administrative (Advertising, Legal, Accounting etc.) | | 11 |
| 12.) Utilities | | 12 |
| 13.) Repairs and Maintenance | | 13 |
| 14.) Marketing | | 14 |
| 15.) Insurance Premiums | | 15 |
| 16.) Other Expenses (please explain) _____ | | 16 |
| 17.) Reserves for Replacements | | 17 |
| 18.) Tangible Personal Property Taxes | | 18 |
| 19.) Other Taxes | | 19 |
| 20.) Real Estate Taxes | | 20 |
| 21.) Total Expenses | | 21 |
| 22.) NET OPERATING INCOME | | 22 |

Capital Expenditures

| | | |
|---------------------------------------|--|----|
| 23.) Furniture, Fixtures, & Equipment | | 23 |
| 24.) Other (Please explain) _____ | | 24 |

Submitted by (please print) _____

Telephone # _____

Email _____

Date _____