

OFFICE INCOME AND EXPENSE SURVEY

CONFIDENTIAL Information per F.S. 195.027 For Use By Pinellas County Property Appraiser's Office Only

Single Tenant

Multi Tenant, # of Tenants _____

2023 GROSS INCOME Income Data for January 1, 2023 thru December 31, 2023

Attach complete Profit & Loss Statement and Rent Roll as of January 1, 202

Property Use	Total Gross Square Feet	Total Leasable Square Feet	Rent \$ / Square Foot	Total Gross Income
Leased Office				
Leased Medical Office				
Leased Bank				
Leased Other				
Vacant Office				
Owner Occupied				

IF 100% OWNER OCCUPIED, CONTINUE WITH "OPERATING EXPENSES" BELOW.

Total 2023 Gross Rental Income \$ _____

Collected Common Area Maintenance & \$ _____

Pass Thru's Other Income (Vending, etc.) \$ _____

Total 2023 Actual Income Received **\$** _____

2023 OPERATING EXPENSES Expense Data for January 1, 2023 thru December 31, 2023

Real Estate Taxes \$ _____

Administrative \$ _____

Management Fees \$ _____

Insurance (Building & contents) \$ _____

Flood Insurance \$ _____

Professional Fees (Accounting, advertising, legal, etc.) \$ _____

Utilities (Electric, water, sewer, phone, cable, etc) \$ _____

Services (Grounds maintenance, trash, elevator, etc.) \$ _____

Repairs & Maintenance (no capital improvements) \$ _____

Reserves for Replacements \$ _____

Condo Association Fees \$ _____

Other (specify) _____ \$ _____

Total 2023 Operating Expenses **\$** _____

2023 Net Operating Income (before taxes, capital improvements & debt service) **\$** _____

2023 CAPITAL IMPROVEMENTS Expense Data for January 1, 2023 thru December 31, 2023

Please specify the improvement. Do not include in operating expenses above.

_____ \$ _____ _____ \$ _____

_____ \$ _____ _____ \$ _____

OFFICE INCOME AND EXPENSE SURVEY, Cont'd

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GENERAL COMMERCIAL PROPERTY

A current rent roll can be attached in lieu of the grid below.

Unit # & Tenant*	Total # Units	Lease Term		Base Rent		Leasable SF Area	Lease Basis**	Pass Thru's & CAM
		Commenced	Expires	Month	Annual			

* Include vacant & owner-occupied space.

** Lease Basis: NNN, NN, N or G

RENTAL APARTMENTS

Apartment Type	Total Number of Units	Annual Lease Rent/Month	Seasonal Lease Rent/Month	Utilities or Services Included in Rent
Efficiency				
One Bedroom				
Two Bedroom				
Three Bedroom				
Four Bedroom				

Please explain any unusual circumstances regarding the property as well as any additional information regarding the CAM & Pass Thru collections.

Has there been, or are there any plans for: construction, removal, remodeling, or sale of the business or improvements?

Prepared by: _____	Title: _____	Date: _____
Signature: _____	Phone: _____	
Please attach additional pages as necessary.		Email: _____

PLEASE RETURN BY MAY 1, 2024