

INCOME AND EXPENSE ANALYSIS: HOTEL AND MOTEL
for Calendar year _____ or period beginning _____ / 01 / _____ and ending 12/31/_____

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| PIN: | CONFIDENTIAL PER F.S. 195.027 Tracy S. Drake, CFA, CAE, ASA, RES, AAS Clay County Property Appraiser Attn: Tom Marcy - Commercial Department P.O. Box 38 Green Cove Springs, FL 32043 (904) 284-6305 x 2266 |
| OWNER'S NAME: | |
| PLACE NAME: | |

PROPERTY NAME: _____

PROPERTY ADDRESS: _____

INCOME:
GROSS POSSIBLE RENTS @ 100% OCCUPANCY

| | \$ | \$ | \$ |
|-----------------------------------|-------|-------|-------|
| (1) ROOMS | _____ | | |
| (2) FOOD | _____ | | |
| (3) BEVERAGE | _____ | | |
| (4) BANQUET AND CONVENTION | _____ | | |
| (5) TELEPHONE | _____ | | |
| (6) OTHER INCOME | _____ | | |
| (7) SUB TOTAL | = | _____ | |
| (8) COMMISSIONS AND CONCESSIONS | _____ | | |
| (9) STORE RENTAL | _____ | | |
| (10) SUB TOTAL | = | _____ | |
| (11) TOTAL INCOME FROM OPERATIONS | | = | _____ |

COSTS OF GOODS SOLD & DEPARTMENTAL EXPENSES

| | | | |
|-------------------------------|-------|-------|-------|
| (12) ROOMS' | _____ | | |
| (13) FOOD | _____ | | |
| (14) BEVERAGE | _____ | | |
| (15) BANQUET AND CONVENTION | _____ | | |
| (16) TELEPHONE | _____ | | |
| (17) OTHER DIRECT EXPENSE | _____ | | |
| (18) TOTAL COSTS AND EXPENSES | = | _____ | |
| (19) GROSS OPERATING INCOME | | = | _____ |

OPERATING EXPENSES

| | | | |
|--|-------|-------|-------|
| (20) FRANCHISE FEE | | _____ | |
| ADMINISTRATIVE: | | | |
| ADMIISTRATIVE & GENERAL | _____ | | |
| MANAGEMENT FEE | _____ | | |
| ADVERTISING AND SALES PROMOTION | _____ | | |
| PAYROLL & PAYROLL TAXES | _____ | | |
| OTHER ADMINISTRATIVE | _____ | | |
| (21) TOTAL ADMINISTRATIVE EXPENSES | = | _____ | |
| UTILITIES: | | | |
| ELECTRICITY | _____ | | |
| WATER & SEWER | _____ | | |
| GAS | _____ | | |
| FUEL OIL | _____ | | |
| OTHER | _____ | | |
| (22) TOTAL UTILITIES EXPENSES | = | _____ | |
| MAINTENANCE AND REPAIR: | | | |
| MAINT. & REPAIR PAYROLL | _____ | | |
| ELEC., PLUMBING, HVAC REPAIRS | _____ | | |
| EXTERIOR REPAIRS | _____ | | |
| PARKING LOT REPAIRS | _____ | | |
| ROOF REPAIRS | _____ | | |
| CONTRACT REPAIRS | _____ | | |
| MISC. MAINT. & REPAIRS | _____ | | |
| JANITORIAL | _____ | | |
| SUPPLIES | _____ | | |
| (23) TOTAL MAINT. AND REPAIR EXPENSES | = | _____ | |
| SERVICES: | | | |
| TRASH REMOVAL | _____ | | |
| LANDSCAPE / LAWN SERVICE | _____ | | |
| SECURITY | _____ | | |
| PEST CONTROL | _____ | | |
| MISCELLANEOUS | _____ | | |
| (24) TOTAL SERVICES EXPENSES | = | _____ | |
| (25) PROPERTY INSURANCE EXPENSE (1 YEAR) | = | _____ | |
| (26) RESERVES FOR REPLACEMENT EXPENSE | = | _____ | |
| (27) TOTAL OPERATING EXPENSES (TOTAL LINES (20) - (26)) | | = | _____ |
| (28) TOTAL COSTS & EXPENSES (TOTAL LINE (18) & (27)) | | = | _____ |
| (29) GROSS OPERATING PROFIT ((11) MINUS (28)) | | = | _____ |
| (30) INTEREST EXPENSE CHARGED THIS PERIOD | | | _____ |
| (31) DEPRECIATION EXPENSE CHARGED THIS PERIOD | | | _____ |
| (32) PROPERTY TAX EXPENSE CHARGED THIS PERIOD | | | _____ |

ADDITIONAL INFORMATION

NUMBER OF AVAILABLE ROOMS _____

% OF OCCUPANCY_____

AVERAGE ROOM RATE _____

AGE OF PROPERTY _____

RESTAURANT- NUMBER
OF SEATS

LOUNGE-
NUMBER OF SEATS

BANQ. FACILITIES-
NUMBER OF SEATS

CONVENTION ROOMS-
SQUARE FEET TOTAL

NET RENTABLE AREAS

NO. OF SQ. FT.

ANNUAL ASKING RENT
PER SQ. FT.

RETAIL SPACE.....

OTHER (DESCRIBE _____).....

MORTGAGE INFORMATION

| | 1st MTG. | 2nd MTG. | 3rd MTG. |
|-------------------------------------|-------------|-------------|-------------|
| DATE | ____/____ | ____/____ | ____/____ |
| ORIGINAL AMOUNT..... | \$_____ | \$_____ | \$_____ |
| INTEREST RATE..... | _____% | _____% | _____% |
| TERM IN YEARS & MOS..... | ____&____ | ____&____ | ____&____ |
| PAYMENT (\$ per mo. semi, annual).. | \$____/____ | \$____/____ | \$____/____ |
| BALLOON PAYMENT..... | \$____/____ | \$____/____ | \$____/____ |

IF THIS PROPERTY IS FOR SALE, ASKING PRICE: \$ _____

HOW LONG ON MARKET?_____

LISTING BROKER: _____

TELEPHONE: _____

PERSON PREPAIRING RETURN: _____

DATE: _____

TELEPHONE: _____

NAME OF TAX CONSULTANT OR ANYONE OTHER
THAN OWNER AUTHORIZED TO REPRESENT THIS
PROPERTY.

NAME _____

ADDRESS _____

PHONE _____