

INCOME AND EXPENSE ANALYSIS: OFFICE BUILDINGS

for Calendar year _____ or period beginning _____ / 01 / _____ and ending 12/31/ _____

PIN: OWNER'S NAME: PLACE NAME:	CONFIDENTIAL PER F.S. 195.027 Roger A. Suggs, CFA, AAS Clay County Property Appraiser Attn: Tom Marcy - Commercial Department P.O. Box 38 Green Cove Springs, FL 32043 (904) 284-6305 x 2266
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PROPERTY NAME: _____

PROPERTY ADDRESS: _____

INCOME:

GROSS POSSIBLE RENTS @ 100% OCCUPANCY

	\$	\$	\$
(1) OFFICES	_____		
(2) RETAIL	_____		
(3) WAREHOUSE	_____		
(4) OTHER RENTABLE AREAS	_____		
(5) GROSS POSSIBLE RENTAL INCOME	=	_____	
(6) VACANCIES AND RENT LOSS	_____		
(7) EFFECTIVE RENTAL INCOME	_____		
(8) OTHER INCOME:	_____		
COMMON AREA MAINTENANCE	_____		
INSURANCE	_____		
TAXES	_____		
TOTAL OTHER INCOME	=	_____	
(9) TOTAL INCOME FROM OPERATIONS		=	_____

EXPENSES:

UTILITIES:			
ELECTRICITY	_____		
WATER & SEWER	_____		
GAS	_____		
FUEL OIL	_____		
OTHER	_____		
(10) TOTAL UTILITIES	=	_____	
JANITORIAL:			
PAYROLL AND CONTRACTS	_____		
CLEANING SUPPLIES	_____		
MISCELLANEOUS	_____		
(11) TOTAL JANITORIAL	=	_____	
MAINTENANCE AND REPAIR:			
MAINT. & REPAIR PAYROLL	_____		
HVAC REPAIRS	_____		
ELEC. REPAIRS	_____		
PLUMBING REPAIRS	_____		
REPAIR CONTRACTS	_____		
EXTERIOR REPAIRS	_____		
ROOF REPAIRS	_____		
ELEVATOR REPAIRS	_____		
PARKING LOT REPAIRS	_____		
DECORATING-TENANT	_____		
DECORATING-PUBLIC	_____		
MISCELLANEOUS	_____		
(12) TOTAL MAINT. AND REPAIR	=	_____	
ADMINISTRATIVE:			
PAYROLL	_____		
ADVERTISING	_____		
ACCOUNTING AND LEGAL	_____		
LEASING COMMISSIONS	_____		
PROPERTY MANAGEMENT FEE	_____		
RENTAL TAX	_____		
OTHER COSTS	_____		
(13) TOTAL ADMINISTRATIVE	=	_____	
OTHER PAYROLL COSTS:			
PAYROLL	_____		
EMPLOYEE BENEFITS	_____		
(14) TOTAL OTHER PAYROLL	=	_____	
SERVICES:			
LANDSCAPE	_____		
TRASH REMOVAL	_____		
SECURITY	_____		
WINDOW WASHING	_____		
MISCELLANEOUS	_____		
(15) TOTAL SERVICES	=	_____	
(16) PROPERTY INSURANCE (1 YEAR)	=	_____	
(17) RESERVES FOR REPLACEMENT	=	_____	
(18) TOTAL OPERATING COSTS		=	_____

- (19) INTEREST EXPENSE _____
- (20) DEPRECIATION EXPENSE _____
- (21) PROPERTY TAX EXPENSE _____
- (22) GROUND RENT _____

ADDITIONAL INFORMATION

NUMBER OF STORIES: _____ NUMBER OF ELEVATORS: _____ YEAR BUILT: _____

PLEASE FILL OUT PORTION BELOW OR ATTACH RENT ROLL

RENT ROLL (as applicable)

TENANT NAME	LEASABLE SQ. FT.	BASE RENT PER SQ. FT.	CAM PER SQ. FT.	INSUR. PER SQ. FT.	TAXES PER SQ. FT.	TOTAL RENT PER SQ. FT.

NOTE: PLEASE LIST ALL TENANTS AND LEASABLE AREA, INCLUDING THOSE WHICH ARE OWNER OCCUPIED OR VACANT.

MORTGAGE INFORMATION

DATE _____
 ORIGINAL AMOUNT _____
 INTEREST RATE _____
 TERM IN YEARS _____
 PAYMENT _____

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

LISTING BROKER: _____ TELEPHONE: _____

PERSON PREPARING RETURN: _____

DATE: _____ TELEPHONE: _____