

Neil Combee

ADA Compliant R. 11/2024

Polk County Property Appraiser INCOME/EXPENSE ANALYSIS: OFFICE

(For Previous Calendar Year 1/1 through 12/31)

REAL ESTATE DIVISION

BUSINESS NAME:			
PROPERTY AKA:			
PROPERTY LOCATION:			
_			
PARCEL ID:			
INCOME:			
RENTAL INCOME		\$	
VACANCY	%	(Sqft)	
TENANT REIMBURSEMENTS			
COMMON AREA MAINTENANCE	\$		
INSURANCE	\$		
REAL ESTATE TAXES	\$		
OTHER	\$ 		
TOTAL REIMBURSEMENTS		\$	
TOTAL INCOME		\$	
EXPENSES:			
PROPERTY INSURANCE	\$		
UTILITIES	\$		
REPAIRS/MAINTENANCE	\$		
MANAGEMENT FEE	\$		
PAYROLL & BENEFITS	\$		
ADVERTISING & MARKETING	\$		
PROFESSIONAL FEES	\$		
GENERAL/ADMINISTRATIVE	\$		
TOTAL OPERATING EXPENSES		\$	
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NET OPERATING INCOME		\$	
OTHER EXPENSES.			
OTHER EXPENSES: REAL ESTATE TAXES	\$		
RESERVES FOR REPLACEMENT			
CAPITAL EXPENDITURES	\$ \$		
PLEASE DESCRIBE THE CAPITAL IMPROVMENTS		THE DAST CALENDAR	VEA D
PLEASE DESCRIBE THE CAPITAL IIVIPROVIVIENTS	CONPLETED IN	THE PAST CALENDAR I	CAN
PREPARER INFORMATION:			
NAME & TITLE			
EMAIL ADDRESS			
TELEPHONE #			
DATE			