



County Administration Building
 123 West Indiana Avenue, Room 102
 DeLand, Florida 32720
 Phone: (386) 626-6586 Fax: (386) 626-6645
 Email: Commercial@volusia.org
 vcpa.vcgov.org

INCOME AND EXPENSE STATEMENT FOR RETAIL PROPERTIES
 For Year Ended 12/31/2023

Alternate Key: _____ Partial Owner Occupancy: _____ %
 Parcel ID: _____ PC Code: _____
 Owners Name: _____
 Property Address: _____

Property Type	Total Space (sq. ft.)	Annual Rent (sq. ft.)	Annual Pass Thru's (sq. ft.)
Regional Mall			
Anchored Community Center			
Unanchored Community Center			
Neighborhood Strip Center			
Single Tenant			
Other (specify) _____			

2023 Income

1.) Potential Gross Rent (as if 100% occupied)			1
2.) Less Vacancy	<input type="text"/> %		2
3.) Less Collection Loss	<input type="text"/> %		3
4.) Less Concessions	<input type="text"/> %		4
5.) Tenant Reimbursements (Taxes, Insurance, C.A.M.)			5
6.) Miscellaneous Income (please explain) _____			6
7.) EFFECTIVE GROSS INCOME			7

2023 Expenses

8.) Management Fees	<input type="text"/> %		8
9.) Payroll			9
10.) Administrative (Advertising, Legal, Accounting, etc.)			10
11.) Utilities (Water, Sewer, Gas, Electric, Phone, Trash, etc.)			11
12.) Building Repairs and Maintenance			12
13.) Grounds Maintenance (Landscape, Parking Lot, etc.)			13
14.) Reserves for Replacement	<input type="text"/> %		14
15.) Insurance Premiums (property, not liability)			15
16.) Other Expenses (please explain) _____ (EXCLUDE mortgage interest, depreciation and amortization)			16
17.) Real Estate Taxes			17
18.) Tangible Personal Property Taxes			18
19.) Other Taxes			19
20.) Lease Commissions			20
21.) Total Expenses			21
22.) NET OPERATING INCOME			22
23.) Capital Expenditures (please explain) _____ (Include Tenant buildouts)			23

Submitted by (please print) _____ Telephone # _____ Email _____ Date _____