



**POLK COUNTY**  
Property Appraiser  
Neil Combee

ADA Compliant  
R. 07/2025

**INCOME/EXPENSE ANALYSIS: HOTELS**

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

**REAL ESTATE DIVISION**

BUSINESS NAME:  
PROPERTY AKA:  
PROPERTY LOCATION:

PARCEL ID:

**INCOME:**

**GROSS POSSIBLE RENTS AT 100% OCCUPANCY**

RENTAL INCOME	\$	
FOOD AND BEVERAGE	\$	
BANQUET AND CONVENTION	\$	
RETAIL / RESTAURANT RENTAL	\$	
OTHER INCOME	\$	
SUBTOTAL GROSS INCOME		\$ _____

**COST OF GOODS SOLD EXPENSE**

FOOD AND BEVERAGE	\$	
BANQUET AND CONVENTION	\$	
OTHER DIRECT EXPENSE	\$	
SUBTOTAL COST OF GOODS SOLD		\$

**TOTAL OPERATING INCOME** \$

**EXPENSES:**

PROPERTY INSURANCE	\$
UTILITIES	\$
REPAIRS/MAINTENANCE	\$
MANAGEMENT FEE PAYROLL	\$
& BENEFITS ADVERTISING &	\$
MARKETING PROFESSIONAL	\$
FEES GENERAL/	\$
ADMINISTRATIVE REAL	\$
FRANCHISE FEE	\$
RETAIL/RESTAURANT RENTAL	\$

**TOTAL OPERATING EXPENSES** \$

**NET OPERATING INCOME** \$

**PLEASE FILL OUT ALL PAGES OF THE FORM**

**NOTE: IN LIEU OF THE FORM, A YEAR END PROFIT & LOSS STATEMENT AND RENT ROLL AS OF JANUARY 1<sup>ST</sup> CAN BE PROVIDED**

**OTHER EXPENSES:**

REAL ESTATE TAXES	\$
RESERVES FOR REPLACEMENT	\$
CAPITAL EXPENDITURES	\$

PLEASE DESCRIBE THE CAPITAL IMPROVMENTS COMPLETED IN THE PAST CALENDAR YEAR

**PROPERTY TYPE:**

DESCRIPTION	TOTAL ROOM COUNT	AVG. OCCUPANCY	AVG DAILY RATE (ADR)	REVPAR
FULL SERVICE				
LIMITED SERVICE				
EXTENDED STAY				
OTHER				

**ADDITIONAL INFORMATION:**

AMENITY	SIZE (SqFt)	LEASED OR OWNER OCCUPIED	IF LEASED MONTHLY RATE	TERMS OF LEASE
RESTAURANT				
LOUNGE				
BANQUET FACILITIES				
CONVENTION ROOMS				
OTHER				
OTHER				
OTHER				

**PREPARER INFORMATION:**

NAME & TITLE  
EMAIL ADDRESS  
TELEPHONE #  
DATE

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