



**POLK COUNTY**  
Property Appraiser  
Neil Combee

ADA Compliant  
R. 07/2025

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**INCOME/EXPENSE ANALYSIS: RESTAURANT**

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

**REAL ESTATE DIVISION**

BUSINESS NAME:

PROPERTY LOCATION:

PARCEL ID:

**INCOME:**

RENTAL INCOME		\$
VACANCY	%	(Sqft)
TENANT REIMBURSEMENTS		
COMMON AREA MAINTENANCE	\$	
INSURANCE	\$	
REAL ESTATE TAXES	\$	
OTHER	\$	
TOTAL REIMBURSEMENTS		\$
<b>TOTAL INCOME</b>		<b>\$</b>

**EXPENSES:**

PROPERTY INSURANCE	\$
UTILITIES	\$
REPAIRS/MAINTENANCE	\$
MANAGEMENT FEE	\$
PAYROLL & BENEFITS	\$
ADVERTISING & MARKETING	\$
PROFESSIONAL FEES	\$
GENERAL/ADMINISTRATIVE	\$

**TOTAL OPERATING EXPENSES** \$

**NET OPERATING INCOME** \$

**OTHER EXPENSES:**

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

*PLEASE DESCRIBE THE CAPITAL IMPROVMENTS COMPLETED IN THE PAST CALENDAR YEAR*

**PREPARER INFORMATION:**

NAME & TITLE

EMAIL ADDRESS

TELEPHONE #

DATE

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

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