



**POLK COUNTY**  
Property Appraiser  
Neil Combee

ADA Compliant  
R. 07/2025

**INCOME/EXPENSE ANALYSIS: RETAIL**

(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		\$	_____
<b>TOTAL INCOME</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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