



County Administration Building  
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DeLand, Florida 32720

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**INCOME AND EXPENSE STATEMENT FOR RETAIL PROPERTIES**

For Year Ended 12/31/2024

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) _____			

**2024 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
<b>7.) EFFECTIVE GROSS INCOME</b>			<b>7</b>

**2024 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
<b>22.) NET OPERATING INCOME</b>			<b>22</b>
23.) Capital Expenditures (please explain) _____ (Include Tenant buildouts)			23

Submitted by (please print)

Telephone #

Email

Date