



County Administration Building
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DeLand, Florida 32720

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INCOME AND EXPENSE STATEMENT FOR INDUSTRIAL PROPERTIES

For Year Ended 12/31/2025

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

Property Type	Owner Occupied (sq. ft.)	Leased (sq. ft.)	Vacant (sq. ft.)	Total (sq. ft.)	Annual Rent Per Square Feet		
					Net	Pass Thru's	Mod Gross
Flex							
Light Manufacturing (a/c space)							
Distribution - Above grade							
Storage - Grade level							
Other (specify)							

2025 Income

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

2025 Expenses

8.) Management Fees				%	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				%	14
15.) Insurance Premiums (property, not liability)					15
16.) Other Expenses (please explain) _____ (EXCLUDES 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 _____