

INCOME AND EXPENSE STATEMENT FOR OFFICES

For Year Ended 12/31/2024

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	Mod Gross	Full Service
Single Tenant							
Multi-Tenant							
Medical							
Other (specify) _____							

2024 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

2024 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.) Janitorial			14
15.) Reserves for Replacement	%		15
16.) Insurance Premiums (property, not liability)			16
17.) Other Expenses (please explain) _____ (EXCLUDES mortgage interest, depreciation and amortization)			17
18.) Real Estate Taxes			18
19.) Tangible Personal Property Taxes			19
20.) Other Taxes			20
21.) Lease Commissions			21
22.) Total Expenses			22
23.) NET OPERATING INCOME			23
24.) Capital Expenditures (please explain) _____ (include Tenant buildouts)			24

Submitted by (please print) _____

Telephone # _____

Email _____

Date _____