



County Administration Building  
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 DeLand, Florida 32720  
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**INCOME AND EXPENSE STATEMENT FOR OFFICES**

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	Mod Gross	Full Service
Single Tenant							
Multi-Tenant							
Medical							
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
<b>7.) EFFECTIVE GROSS INCOME</b>					<b>7</b>

**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.) 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
<b>23.) NET OPERATING INCOME</b>					<b>23</b>
24.) Capital Expenditures (please explain) _____ (include Tenant buildouts)					24

Submitted by (please print) \_\_\_\_\_

Telephone # \_\_\_\_\_

Email \_\_\_\_\_

Date \_\_\_\_\_