



VC-GEN n.12/20

County Administration Building  
 123 West Indiana Avenue, Room 102  
 DeLand, Florida 32720  
 Phone: (386) 626-6586 Fax: (386) 626-6645  
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 vcpa.vcgo.org

**INCOME AND EXPENSE STATEMENT**  
 For Year Ended 12/31/2025

Alternate Key: \_\_\_\_\_ Partial Owner Occupancy: \_\_\_\_\_ %  
 Parcel ID: \_\_\_\_\_ No. Units (sf, units, rooms, etc.) \_\_\_\_\_  
 Owners Name: \_\_\_\_\_  
 Property Address: \_\_\_\_\_

**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 \_\_\_\_\_