

HOTEL / MOTEL INCOME AND EXPENSE SURVEY

Confidential Information Per F.S. 195.027 For Use By Osceola County Property Appraiser's Office Only

Property name: _____

Property address: _____

Attach complete 2019 Profit & Loss Statement and Room Rent Roll

Total Number of Rooms		2019 Average Daily Rate (ADR)	\$ _____
2019 Occupancy Rate	%	2019 Rev Par	\$ _____

2019 GROSS INCOME Income Data for January 1, 2019 thru December 31, 2019

Rooms	\$ +	_____
Food and/or Restaurant/Bar	\$ +	_____
Other Income (Specify)	\$ +	_____
Total 2019 Total Income Received		\$ _____

2019 OPERATING EXPENSES Expense Data for January 1, 2019 thru December 31, 2019

Rooms	\$ -	_____
Food and/or Restaurant/Bar	\$ -	_____
Telephone	\$ -	_____
Meeting Rooms	\$ -	_____
Gift Shop, etc.	\$ -	_____
Other (specify) _____	\$ -	_____
Total 2019 Departmental Expenses		\$ _____

Administrative	\$ -	_____
Franchise Fees	\$ -	_____
Management Fees	\$ -	_____
Professional Fees (Accounting, Advertising, Legal, etc.)	\$ -	_____
Utilities and Services	\$ -	_____
Repairs & Maintenance	\$ -	_____
Lease Expense (Specify)	\$ -	_____
Insurance (Building & Content)	\$ -	_____
Non Ad Valorem Assessments	\$ -	_____
Reserves for Replacements	\$ -	_____
Other (specify) _____	\$ -	_____
Total 2019 General Expenses		\$ _____

Total 2019 Operating Expenses **\$ _____**

2019 Net Operating Income (before taxes, cap.improv. & other exp.) **_____**

2019 CAPITAL EXPENSES Expense Data for January 1, 2019 thru December 31, 2019

Please specify improvement. Do not include in operating expenses above

_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

Prepared by: _____ Title: _____ Date: _____

Signature: _____ Phone #: _____

* Please attach additional pages as necessary. E-mail: _____

RETURN BY APRIL 1, 2020