



# 2022 Office Income & Expense Request

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R: 02/22/2022  
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**Calendar year 2021: Beginning 01/01/2021 and Ending 12/31/2021  
Filing Deadline May 1, 2022**

The Brevard County Property Appraiser is requesting data, as indicated on the other side of this form, to aid in the valuation of this and similar properties. Data submitted as a part of this request is confidential per Section 195.027, F.S.

Failure to submit data in accordance with this request may impede the ability to conduct an effective appeal at the Value Adjustment Board. Section 194.034(1)(h), Florida Statutes states that "no petitioner may present for consideration, nor may a board or special magistrate accept for consideration, testimony, or other evidentiary materials that were requested of the petitioner in writing by the property appraiser of which the petitioner had knowledge and denied to the property appraiser." Failure to provide this information will be considered a denial of this request.

COVID 19 - In order to consider and adjust for the effects of the COVID 19 pandemic, the property owner or representative must submit 3 years of Profit & Loss Statements, Rent Rolls, and/or QuickBooks Statements (as appropriate).

**Please list capital improvements with their costs and any additional comments by attaching a separate sheet.**

**Do not include depreciation or mortgage interest in expenses.**

In addition to filling out both sides of this form, please attach any additional documentation that would help in our continuing pursuit to assess your property accurately and equitably (recent appraisals, end-of-year statements, etc.).

Email: [valuations@bcpao.us](mailto:valuations@bcpao.us)

Is the Property 100% Owner Occupied?	Yes	No
If Partial Owner Occupancy, What %?	%	

If Yes, stop here, sign, and return.

**What is total percent vacant as of January 1, 2022?** \_\_\_\_\_

Property Type	Type of Lease	Total Square Footage	Vacant (% or sf)	Average Annual Rent Per Square Foot			
				Avg. Base ex: \$10/sf	Avg. CAM ex: \$3/sf	Modified Gross ex: \$13/sf	Gross ex: \$15/sf
Office							
Medical							
Dental							
Other:							
Annual Income (\$)							
1. Total base rent collected					1.		
2. Total tenant reimbursements collected (taxes, insurance, C.A.M.)					2.		
3. Other income (please explain)					3.		
4. Total annual gross income					4.		
Annual Expenses (\$)							
5. Insurance (not liability, structure only)					5.		
6. Management fees					6.		
7. Administrative (including advertising, legal, accounting, etc.)					7.		
8. Commissions					8.		
9. Payroll					9.		
10. Utilities					10.		
11. Repairs					11.		
12. Grounds maintenance (including trash, landscaping, parking lot, etc.)					12.		
13. Regular building maintenance (not capital expenditures)					13.		
14. Reserves for replacements					14.		
15. Real estate taxes					15.		
16. Other taxes and fees (not real estate taxes)					16.		
17. Other expenses (please explain)					17.		
18. Total annual expenses					18.		

Signature \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_