

2020 ANNUAL INCOME AND EXPENSE REPORT SUMMARY

Owner Name _____ Property Location _____
 Mailing Address _____ Property Name _____
 City/State/Zip _____ Property Manager Name & Phone _____
 Owner's Phone _____

Primary Property Use (Check One)

Apartment
 Office
 Retail
 Mixed Use
 Automotive
 Industrial
 Other _____

Gross Building Area _____ Sq. Ft. Has the building been remodeled? _____
 (Including Owner-Occupied Space)
 Net Leasable Area _____ Sq. Ft. What year was this done? _____
 Owner-Occupied Area _____ Sq. Ft. _____
 Number Of Units _____

INCOME

EXPENSES

1 Apartment Rent (From Schedule A) _____
 2 Retail, Office + Commercial Rents (From Schedule A) _____
 3 Other Rent _____
 4 Other Property Income _____
 6 **TOTAL POTENTIAL INCOME** (Sum Lines 1 - 4) _____
 5 Vacancy & Collection Loss _____
 6 **EFFECTIVE ANNUAL INCOME** (Line 6 Minus Line 5) _____

7 Heating/Air Conditioning _____
 8 Electricity _____
 9 Other Utilities (Specify) _____
 10 Payroll (Except management) _____
 11 Supplies _____
 12 Management _____
 13 Insurance _____
 14 Common Area Maintenance _____
 15 Leasing Fees / Commissions / Advertising _____
 16 Legal and Accounting _____
 17 Elevator Maintenance _____
 18 Tenant Improvements _____
 19 General Repairs _____
 20 Other (Specify) _____
 21 Other (Specify) _____
 23 Security _____
 24 **TOTAL EXPENSES** (Sum Lines 7 - 23) _____
 25 **NET OPERATING INCOME** (Line 6 Minus Line 24) _____
 26 Capital Expenses _____

Signature of Preparer
Name
Date
Phone Number of Preparer
Email of Preparer

RETURN TO THE ASSESSOR ON OR BEFORE JUNE 1, 2021