



Broward County Property Appraiser's Office
COMMERCIAL PROPERTY
115 South Andrews Avenue, Room 111
Fort Lauderdale, FL 33301

Tel: 954-357-6835
Fax: 954-357-8474
Web: www.bcpa.net

Dear Commercial Property Owner:

100% Owner Occupied: YES NO

Pursuant to Section 195.027, Florida Statutes, and in light of the COVID-19 pandemic, we are reaching out to property owners to request detailed financial information in an effort to ensure properties are being assessed as fairly and equitably as possible.

We are requesting the following information from owners of commercial and income producing properties:

1. If the property is 100% owner occupied, please check the box above, complete page one, and sign the bottom of page two. You need not supply income and expense information.
2. If the property is NOT 100% owner occupied:
 - a. A detailed income and expense report for the calendar or fiscal year 2020.
 - b. A detailed rent roll as of January 1, 2021. If any tenants are on "percentage leases", please state the dollar volume of sales for each tenant and the amount of "percentage rent". Please show pass-throughs of common expenses, taxes and the like for each tenant.
 - c. A copy of your latest tax return in which the subject property is shown as an asset (i.e. IRS Forms 1040, 1120, 8825, 1065) and the Depreciation Schedule.

Pursuant to Florida law, financial records you supply are confidential and not subject to public records disclosure. These records will not be released to anyone not legally entitled to them.

This information will assist our office with accurately determining a fair and just market value for your property.

Thank you for your cooperation. If you have any questions, please contact our Commercial Department at 954-357-6835. You may return this information via email to IncExp@bcpa.net. All information must be received in our office by May 1, 2021.

Sincerely,

A handwritten signature in black ink that reads "Marty Kiar". The signature is written in a cursive, flowing style.

Marty Kiar, CFA
Broward County Property Appraiser

COMMERCIAL PROPERTY DATA

Business Name:

Owner(s) Name:

Mailing Address:

Parcel ID:

Property Address:

BUILDING AND LAND INFORMATION:

Building Use: Land Size Area (sq.ft.):

Number of Rental Units: Total Leasable Building (sq.ft.):

Number of Stories: Number of Parking Spaces: Year Built:

Year Remodeled: Other:

Real Estate Taxes Paid by: OWNER TENANT

Amount of 2020 Real Estate Taxes: \$ Percentage of Total: %

REAL ESTATE SALES INFORMATION:

Sale Price: \$ Date: / /

Was the purchase: LAND ONLY LAND & BUILDING

| Improvements After Purchase | Cost | Date |
|-----------------------------|------|------|
| | \$ | / / |
| | \$ | / / |

NOTE: A COPY OF YOUR LAST INCOME TAX RETURN FORM RELATING TO THIS PROPERTY OR A CERTIFIED COPY OF THE LAST ANNUAL OPERATING STATEMENT, INCLUDING ALL INCOME AND EXPENSES, WILL BE SUFFICIENT AND PAGE 2 NEED NOT BE COMPLETED.

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| | | | | | | |
|---|---|---|----|---|---|----|
| INCOME FROM: | / | / | to | / | / | |
| ANNUAL RENTAL INCOME: | | | | | | \$ |
| OTHER INCOME (Parking, Sales Tax, etc.): | | | | | | \$ |
| TOTAL INCOME: | | | | | | \$ |
| OPERATING EXPENSES (Exclude capital items) <u>FIXED EXPENSES</u> | | | | | | |
| INSURANCE, FIRE, HAZARD, LIABILITY: | | | | | | \$ |
| LICENSE FEES, PERMITS: | | | | | | \$ |
| REAL ESTATE TAXES: | | | | | | \$ |
| TOTAL FIXED EXPENSES | | | | | | \$ |
| <u>VARIABLE EXPENSES</u> | | | | | | |
| AIR CONDITIONER/HEAT: | | | | | | \$ |
| CLEANING: | | | | | | \$ |
| DECORATING: | | | | | | \$ |
| GENERAL PAYROLL: | | | | | | \$ |
| GROUNDS & PARKING: | | | | | | \$ |
| LEASING FEES: | | | | | | \$ |
| MAINTENANCE & REPAIR - GENERAL (Exterior painting, plumbing, etc.) | | | | | | \$ |
| CONTRACTUAL FEES: | | | | | | \$ |
| ACCOUNTING FEES: | | | | | | \$ |
| ADVERTISING FEES: | | | | | | \$ |
| MANAGEMENT FEES: | | | | | | \$ |
| LEGAL FEES: | | | | | | \$ |
| ADMINISTRATIVE & OFFICE FEES: (Clerical, printing, postage, etc.) | | | | | | \$ |
| MISCELLANEOUS – EXTERMINATING: | | | | | | \$ |
| MISCELLANEOUS – SECURITY: | | | | | | \$ |
| MISCELLANEOUS – SUPPLIES: | | | | | | \$ |
| MISCELLANEOUS–TRASH: | | | | | | \$ |
| PAYROLL TAXES: | | | | | | \$ |
| SALES TAXES: | | | | | | \$ |
| RESERVES FOR REPLACEMENTS: | | | | | | \$ |
| UTILITIES – ELECTRIC: | | | | | | \$ |
| UTILITIES – GAS: | | | | | | \$ |
| UTILITIES – SEWER/WATER: | | | | | | \$ |
| TOTAL VARIABLE EXPENSES: | | | | | | \$ |
| TOTAL ANNUAL OPERATING EXPENSES: | | | | | | \$ |
| PERCENTAGE OF TOTAL INCOME: | | | | | | % |
| NET OPERATING INCOME: | | | | | | \$ |

I UNDERSTAND THE PROPERTY APPRAISER MAY REQUIRE SUPPLEMENTAL INFORMATION OTHER THAN THIS SURVEY AND I AM WILLING TO COMPLY WITH ANY REASONABLE REQUEST TO FURNISH THE SAME.

I, THE UNDERSIGNED, DO HEREBY CERTIFY THE FACTS AND STATEMENT IN THE FOREGOING SURVEY ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

PRINT NAME / TITLE

SIGNATURE

EMAIL ADDRESS

PHONE

DATE

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Your computerized rent roll may be substituted in place of this form. Please include vacant and/or owner-occupied space.

COMMERCIAL INCOME SUMMARY

Business Name:

Parcel ID:

PASS-THROUGHS*

| TENANT NAME STORE ADDRESS | LEASE STARTED (M-Y) | DATE EXPIRES (M-Y) | RENEWAL YES (Y) NO(N) | LENGTH OF LEASE | RENTAL AREA (sq.ft.) | BASE YEARLY RENT | ANNUAL CAM | ANNUAL TAX | ANNUAL INSURANCE | OTHER CHARGES (i.e. parking) | YEARLY GROSS RENT |
|--|------------------------------------|-----------------------------------|--------------------------------------|--------------------------------|-------------------------------------|---------------------------------|-----------------------|-----------------------|-----------------------------|---|----------------------------------|
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| * NOTE: Pass-throughs can be stated as a dollar amount, pro-rata (PR) or a % of the total expense * | | | | | TOTAL \$ | | TOTAL \$ | | | | |

PRINT NAME / TITLE

SIGNATURE

/ /
DATE

EMAIL ADDRESS

CONTACT PHONE NUMBER