



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 or 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.

CONFIDENTIAL – FOR PROPERTY APPRAISER USE ONLY

INCOME FROM: ____/____/____ to ____/____/____

ANNUAL RENTAL INCOME: \$ _____
 OTHER INCOME (Parking, Sales Tax, etc.): \$ _____
 TOTAL INCOME: \$ _____

OPERATING EXPENSES (Exclude capital items)

FIXED EXPENSES

INSURANCE, FIRE, HAZARD, LIABILITY: \$ _____
 LICENSE FEES, PERMITS: \$ _____
 REAL ESTATE TAXES: \$ _____
TOTAL FIXED EXPENSES \$ _____

VARIABLE EXPENSES

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
* 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