

**GARFIELD COUNTY
CONFIDENTIAL COMMERCIAL INCOME/EXPENSE STATEMENT**

Owner Name: _____

Account#: _____

Property Address: _____

Commercial Income and Expense Statement

1. Total Square Footage of Building or Condominium Unit: _____
2. Net Leasable Square Footage of Building or Condominium Unit: _____
3. Date of Lease: _____

INCOME	2009
1. Potential Rental Income at 100% occupancy	\$ _____
2. Actual Rental Income Received	\$ _____
3. Actual Income Received from All Other Sources (vending, telephone, etc.)	\$ _____
4. Vacancy (Percent of leasable area vacant)	\$ _____

EXPENSES (we prefer itemized but if only Total Expenses are known then please indicate if they include any taxes) (These expenses should be attributable to the building and its' management - not the business therein)

Expense Type	2009 Total	Paid by	
		Landlord	Tenant
1. Accounting/legal	\$ _____	X	_____
2. Advertising	\$ _____	_____	_____
3. Capital Improvements	\$ _____	_____	_____
4. Repairs	\$ _____	_____	_____
5. Reserves for Replacement	\$ _____	_____	_____
6. Insurance	\$ _____	_____	_____
7. Maintenance	\$ _____	_____	_____
8. Management	\$ _____	_____	_____
9. Salaries & Commissions	\$ _____	_____	_____
10. Security	\$ _____	_____	_____
11. Supplies	\$ _____	_____	_____
12. Property Taxes (Land and Building only)	\$ _____	_____	_____
13. Utilities	\$ _____	_____	_____
14. Owner's Association Dues	\$ _____	_____	_____

TOTAL EXPENSES.....\$ _____

IF YOU ARE ONLY ABLE TO PROVIDE TOTAL EXPENSES DOES THE TOTAL INCLUDE ANY OF THE FOLLOWING:

Real Property tax	yes	no
Personal Property tax	yes	no
Income Tax	yes	no

Any additional information you feel may influence the value of this property: (Use back of form if needed)

Name Printed _____

Signature _____ (Owner, Agent, Tenant, Other)

Date _____

Phone _____ Email _____