

STATE OF FLORIDA

LEE COUNTY PROPERTY APPRAISER

MATTHEW H. CALDWELL

Mailing Address: P.O. Box 1546 Fort Myers, Florida 33902-1546

Telephone: (239) 533-6100

Physical Address: 2480 Thompson Street Fort Myers, Florida 33901-3074 МЕМВ

Website: www.leepa.org

Re: Income and Expense Questionnaire

Dear Property Owner/Manager:

Each year the Lee County Property Appraiser's office is required to determine the market value of all property in our county as of January 1. Due to recent hurricanes, your property and business may have been significantly impacted. If either storm impacted your business and its operations, please let us know so that we can reflect the status in our records. Additionally, each year, we ask commercial property owners to provide us with data relative to the operation of their business to assist us in our valuation process. Your information will be compared with all other similar properties and used to develop market rates for the entire class of properties. Participation by individual owners ensures that we accurately value all commercial properties in Lee County.

On the back of this letter is a form that details the type of information we are looking for in your type of business. In lieu of completing the form, you may use our online portal at **www.leepa.org** to report your hurricane damage and upload your income information. Simply enter your personalized code above on our home page, and we will walk you through the process. Feel free to upload a copy of your 2024 income and expense statement, rent roll, property brochure, or other applicable information prepared by your accountant or bookkeeper. Any income information you provide is confidential and will not be disclosed.

If you purchased or sold the property before December 31, feel free to enclose a copy of your closing statement that details the costs involved with the sale of the property and any allocations that were made for any tangible personal property (FF&E). This information helps in the verification of the sales transaction and ensures that we treat the sales transaction properly.

To ensure that we have adequate time to process and analyze the data, please submit your 2024 income and expense information as soon as you are able. Taxpayers generally submit their information to us when they have their taxes prepared, so we ask that you try to get it to us as soon as it's convenient.

If you do not use online reporting, kindly return the form and any other information using the postage-paid envelope provided, by e-mail attachment to commercial@leepa.org, or fax it to (239) 533-6091. Thank you in advance for your cooperation. If you have any questions or need additional information, please contact us at (239) 533-6100 and ask for the commercial department or send an email to commercial@leepa.org.

Sincerely,

Matt Caldwell

Lee County Property Appraiser

Income and Expense Statement for Senior Care Properties For the Year Ending December 31, 2024

DBA:						,				
Property Type		# of Beds Operating	# of Beds Licensed	% of Annua Occupancy	U,	⁄₀ Medica	aid	% Medicare		% Private
Skilled Nursing Facility										
Assisted Living Facility										
Independent Living Facility										
Memory Care Facility										
Other:										
Annual Income (In dollars)										
Facility Type		Room Type	# of	Beds	N	Monthly 1	Rate		\$ Be	eds Income
Skilled Nursing	Pri	vate								
Skilled Nursing	Sei	mi-Private								
Assisted Living	Pri	vate								
Assisted Living	Sei	mi-Private								
Independent Living	Pri	vate								
Independent Living	Sei	mi-Private								
Memory Care	Pri	vate								
Memory Care	Sei	mi-Private								
Other Rental Income (please explain):										
Total Annual Income										
Annual Expenses (In	dol	llars)								
1.) Management Fees		,								
Is fee based on a percentage of revenue? (Please check yes or no). Yes No										
If you answered yes to the above, please list the percentage of revenue%										
2.) Administrative (including advertising, legal, accounting, etc.)										
3.) Payroll		<u> </u>		,						
4.) Dietary Services/Food and Beverage										
5.) Nursing										
6.) Utilities										
7.) Housekeeping										
8.) Repairs										
9.) Grounds Maintenance (including trash, landscaping, parking lot, etc.)										
10.) Insurance Premiums		<u> </u>	1 0 1							
11.) Reserves for Replace	men	nts								
12.) Cost of Contracted R			therapy, etc.)							
13.) Real Estate Taxes		` U	**							
14.) Other Taxes/Fees										
15.) Capital Expenses										
16.) Other Expenses (please explain):										
17.) Total Annual Exper										
Contact Information										
Submitted by (please prin	t):				Title:					
Date: Telephone:					Email:					
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