



STATE OF FLORIDA  
**LEE COUNTY PROPERTY APPRAISER**  
KENNETH M. WILKINSON, C.F.A.



**Mailing Address:**  
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2480 Thompson Street  
Fort Myers, Florida 33901-3074  
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## **Hotel/Motel** **Income Questionnaire Instructions**

**Note: All information that you submit in response to this questionnaire will be held in strict confidence, as mandated by Florida Statute 195.027.**

It is my responsibility as your Lee County Property Appraiser to annually determine the market value of all property in our county. In order to achieve the greatest possible accuracy in the valuation of Hotel/Motel properties (an income-driven property) this office each year conducts an income and expense survey. This survey information will be analyzed for the identification of market conditions in year 2011, and most importantly your specific property conditions and financial operation.

All supported information generated by this survey will be used to develop typical appraisal parameters and valuation models for Hotel/Motel's in Lee County.

If you fail to respond to this survey, the Lee County Property Appraiser will be required to assess your property utilizing strictly market parameters, as we would not have your specific financials when preparing valuation models and finalizing the Tax Roll.

**Failure to submit the requested income data by April 30<sup>th</sup>, 2012 will preclude the Lee County Property Appraiser from considering the income data for the current tax year.**

If you would like assistance in completing the *income questionnaire*, you may contact:  
**MARC SASSO** at (239) 533-6204 or e-mail **Sassom@Leepa.org** of the Commercial Department.

### **Tangible Personal Prop (TPP) Instructions**

Hotel/Motel owners must file a **DR-405** Return by **04/01/12** for TPP assets. These include but are not limited to office furniture & equipment, hotel furniture & equipment, décor, signage, appliances, etc. as required by 193.114, Florida Statutes. The TPP assessment will then be subtracted from the hotel's total value so as to avoid double taxation. If you have any questions, or if you need assistance, please contact: **TANGIBLE DEPARTMENT (239) 533-6140**, or e-mail [tpp@Leepa.org](mailto:tpp@Leepa.org)

Thank you in advance for this confidential and important information.

Respectfully requested,

A handwritten signature in cursive script that reads "K. M. Wilkinson".

Kenneth M. Wilkinson, C.F.A.  
Lee County Property Appraiser

**HOTEL / MOTEL**

INCOME AND EXPENSE QUESTIONNAIRE  
FOR PERIOD BEGINNING 01/01/11 AND ENDING 12/31/11

RESPONSE DEADLINE: April 30, 2012

PLEASE ATTACH THE FOLLOWING:

- FULL YEAR 2011 PROFIT & LOSS STATEMENT
- ROOM RENT ROLL INDICATING THE VARIOUS ROOM RATES IN & OUT OF SEASON.

(These Documents should represent performance from 01/01/11 to 12/31/11)

**PLEASE PRINT**

STRAP: \_\_\_\_\_ OWNER NAME: \_\_\_\_\_

SITE ADDRESS: \_\_\_\_\_

NAME OF HOTEL / MOTEL: \_\_\_\_\_

TOTAL NUMBER OF RENTABLE ROOMS IN 2011: \_\_\_\_\_

TOTAL NUMBER OF ROOMS RENTED IN 2011: \_\_\_\_\_

IN-SEASON RATES = \$ \_\_\_\_\_ # OF IN-SEASON NIGHTS: \_\_\_\_\_

OFF-SEASON RATES \$ \_\_\_\_\_ # OF OFF-SEASON NIGHTS: \_\_\_\_\_

DISCOUNT DURING IN-SEASON: \_\_\_\_\_ % DURING OFF-SEASON: \_\_\_\_\_ %

ROOMS ARE TYPICALLY RENTED: NIGHTLY \_\_\_\_\_ WEEKLY \_\_\_\_\_ MO \_\_\_\_\_

AVERAGE DAILY ROOM RATE IN 2011 (ADR): \$ \_\_\_\_\_

REVENUE /AVAILABLE ROOM IN 2011 (REVPAR): \$ \_\_\_\_\_

**INCOME**

ROOM REVENUES: \$ \_\_\_\_\_ RESTAURANT LEASE(S) \$ \_\_\_\_\_

OTHER INCOME (EXCLUDE FOOD & BEVERAGE INCOME): \_\_\_\_\_

**EXPENSES**

*Note:* Include only those expenses related directly to the hotel room operation. Exclude any food/beverage, depreciation expenses.

UTILITIES \$ \_\_\_\_\_ PROPERTY INSURANCE \$ \_\_\_\_\_

MANAGEMENT FEES \$ \_\_\_\_\_ MAINTENANCE & REPAIRS \$ \_\_\_\_\_

SALARIES \$ \_\_\_\_\_ ADVERTISING / MARKETING \$ \_\_\_\_\_

SUPPLIES \$ \_\_\_\_\_ RESERVES FOR REPLACEMENTS \$ \_\_\_\_\_  
(\*SPECIFY\*)

TOTAL OPERATING EXPENSES \$ \_\_\_\_\_

\*Please specify what is included in the **RESERVES FOR REPLACEMENTS** expense category. Failure to specify this item may exclude those expenses from being considered.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COMPLETED BY: \_\_\_\_\_ TITLE: \_\_\_\_\_

(PRINT NAME)

DATE: \_\_\_\_\_ PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_