



FORM:  
**INCOME & EXPENSE  
STATEMENT**

COMPLETE FORM & EMAIL TO  
INFO@THEGALINNFUND.COM  
OR FAX TO 914.428.3298

FOR THE YEAR COVERING \_\_\_\_\_ TO \_\_\_\_\_

### Property

ADDRESS \_\_\_\_\_

### Income

APARTMENTS	\$ _____	PARKING	\$ _____
STORES	\$ _____		\$ _____
OFFICES	\$ _____		\$ _____

### Expenses

REAL ESTATE TAXES	\$ _____	WATER & SEWER	\$ _____
FUEL	\$ _____	SUPPLIES	\$ _____
ELECTRICITY	\$ _____	ELEVATOR MAINT.	\$ _____
TRASH REMOVAL	\$ _____	MANAGEMENT	\$ _____
BUILDING MAINT.	\$ _____	ADVERTISING	\$ _____
SALARIES	\$ _____		\$ _____
LEGAL & AUDIT	\$ _____		\$ _____
INSURANCE	\$ _____		\$ _____
GAS	\$ _____		\$ _____

TOTAL EXPENSES \$ _____	NET INCOME \$ _____
-------------------------	---------------------

399 KNOLLWOOD ROAD  
WHITE PLAINS NY 10603  
914.428.2730  
**THEGALINNFUND.COM**