



*****CONFIDENTIAL*****



**ARLINGTON COUNTY, VIRGINIA
DEPARTMENT OF REAL ESTATE
ASSESSMENTS
2100 CLARENDON BLVD, SUITE 611
ARLINGTON, VIRGINIA 22201
(703) 228-3920**

E-Mail: Realog2@arlingtonva.us

Website: www.arlingtonva.us

PLEASE COMPLETE AND RETURN TO ABOVE ADDRESS BY March 1, 2017
YOU MAY ADD THE OPERATING STATEMENT TO THIS QUESTIONNAIRE

HOTEL & MOTEL
INCOME AND EXPENSE QUESTIONNAIRE

ALL INFORMATION REQUESTED IS PURSUANT TO THE CONSTITUTION OF VIRGINIA AND THE TAX CODE OF VIRGINIA AND ALL DATA FURNISHED WILL REMAIN CONFIDENTIAL IN ACCORDANCE WITH 58.1-3 OF THE CODE OF VIRGINIA. IF THERE IS WILLFUL FAILURE TO FURNISH STATEMENTS OF INCOME AND EXPENSES IN A TIMELY MANNER TO THE DIRECTOR, THE OWNER OF SUCH PARCEL OF REAL ESTATE SHALL BE DEEMED TO HAVE WAIVED HIS OR HER RIGHT IN ANY PROCEEDING CONTESTING THE ASSESSMENT TO UTILIZE SUCH INCOME AND EXPENSES AS EVIDENCE OF FAIR MARKET VALUE. (CODE OF VIRGINIA 15.2-716)

List all RPCs included in this statement (go to next if space is needed): _____

Accounting period: FROM: (Mo.) (Yr.) TO: (Mo.) (Yr.) _____

Name of Project: _____

Property Address: _____

Name of Owner: _____

Mgt. Firm or Agent: _____

Address: _____

Does the Management Company have an ownership interest in the property? .

Explain: _____

Are any operating expenses paid to persons with an ownership interest?

Explain: _____

NOTE: Income and Expense information provided will not be considered valid unless signed and dated by owner or officer of the corporation or an authorized agent as requested below. IMPORTANT: AGENTS AND PROPERTY MANAGERS MUST ATTACH EXPRESS WRITTEN AUTHORITY FROM OWNER TO SIGN THIS FORM EVERY YEAR.

ALL OF THE INFORMATION PROVIDED HEREIN HAS BEEN EXAMINED BY ME AND IS TRUE, CURRENT, AND COMPLETE, TO THE BEST OF MY KNOWLEDGE

Name: _____ (Please Print or Type)	Signed <input type="text"/> (Owner or Authorized Agent)
Title: _____ (Owner or Authorized Agent)	Company: _____
Telephone: _____	Date: _____
Email: _____	

DATE DREA RECEIVED

DATE RECORD ENTRY

INCOME AND EXPENSE INFORMATION

REVENUES

I 01 Rooms _____
I 02 Food..... _____
I 03 Beverage..... _____
I 04 Telephone _____
I 05 Rental..... _____
I 06 Parking _____
I 07 Other Income _____

Explanation: _____

TOTAL REVENUES \$ _____

EXPENSES

DEPARTMENTAL COSTS AND EXPENSES

Rooms

E 01 Salaries & Wages _____
E 02 Payroll Taxes & Benefits _____
E 03 Laundry, Linen & Guest Supplies _____
E 04 Commissions _____
E 05 Reservation Expense _____
E 06 Contract Cleaning _____
E 07 Equipment Leases _____
E 08 Other Room Expenses _____

Explanation: _____

SUB TOTAL ROOM EXPENSES\$ _____

Food & Beverages

E 09 Salaries & Wages _____
E 10 Payroll Taxes & Benefits _____
E 11 Laundry, Linen & Guest Supplies _____
E 12 China, Glassware, Silver & Linen _____
E 13 Contract Cleaning _____
E 14 Cost of Goods (Food & Bev) _____
E 15 Equipment Leases _____
E 16 Other Operating Costs _____

Explanation: _____

SUB TOTAL FOOD & BEVERAGES EXPENSES \$ _____

Telephone

E 17 Telephone Expenses _____
E 18 Telephone Leases _____

SUB TOTAL TELEPHONE EXPENSES \$ _____

Other Departmental Expenses

E 19 Other Department Expense _____

Explanation: _____

SUB TOTAL OTHER DEPARTMENTAL EXP \$ _____

TOTAL DEPARTMENTAL EXPENSES\$ _____

UNDISTRIBUTED OPERATING EXPENSES:

Administrative and General

E 20 Payroll & Administration _____
E 21 Legal & Accounting Fees _____
E 22 Other Administrative Expenses _____

Explanation: _____

SUB TOTAL ADMINISTRATIVE AND \$ _____

GENERAL EXPENSES

Management

E 23 Base Fee _____
E 24 Incentive Fee _____
E 25 Other _____

Explanation: _____

SUB TOTAL MANAGEMENT\$ _____

Marketing

E 26 Salaries, Wages & Benefits \$ _____
E 27 Advertising _____
E 28 Franchise Fee _____
E 29 Other _____

Explanation: _____

SUB TOTAL MARKETING\$ _____

Property Operations & Maintenance

E 30 Payroll _____
E 31 Supplies _____
E 32 HVAC Repairs _____
E 33 Electric Repairs _____
E 34 Plumbing Repairs _____
E 35 Elevator Repairs/Maintenance _____
E 36 Exterior Repairs _____
E 37 Roof Repairs _____
E 38 Miscellaneous Repairs _____

Explanation: _____

**SUB TOTAL PROPERTY OPERATIONS.....\$ _____
AND MAINTENANCE**

Energy Costs

E 39 Electricity _____
E 40 Gas _____
E 41 Fuel Oil _____
E 42 Water & Sewer _____

SUB TOTAL ENERGY COSTS \$ _____

E 43 Other Unallocated Expenses _____

Explanation: _____

TOTAL UNDISTRIBUTED EXPENSES \$ _____

Miscellaneous Taxes and Insurance

E 44 Personal Property/Business Tangible Tax _____
E 45 Business License Tax _____
E 46 Insurance (Building) _____
E 47 Insurance (Contents) _____

SUB TOTAL MISC TAXES & INS.....\$ _____

Reserves for Replacement

E 48 Reserves for Replacement _____

Itemize: _____

SUB TOTAL RESERVES & REPLACEMENT _____

TOTAL FIXED EXPENSES \$ _____

TOTAL EXPENSES \$ _____

NET OPERATING INCOME \$ _____

Real Estate Taxes \$ _____

Renovations/Capital Improvements \$ _____

Total number of rooms _____

Capacity of conference/meeting facilities _____

Average daily room rate achieved _____

Percentage of occupancy achieved _____

Projected average daily room rate for next year _____

Projected occupancy for next year _____

LEASED OPERATIONS

Restaurants \$ _____

Number _____ Total Seating Capacity _____

Gift Shop \$ _____

Other \$ _____

Explanation: _____

Terms of each lease

FURNITURE, FIXTURES & EQUIPMENT

Historical cost \$ _____

Current Value as of (Date: _____) \$ _____

Replacement Value \$ _____

How are Reserves for Replacement calculated?

How is management fee calculated?

How is franchise fee calculated?

PLEASE ATTACH A COPY OF THE AVERAGE ROOM RATES BY CATEGORY (I.E., SINGLE, DOUBLE, TRANSIENT, GROUP, GOVERNMENT, SPECIAL, ETC.)

HOTEL INCOME AND EXPENSE SURVEY FORM INSTRUCTIONS

The following instructions are provided to aid you in filling out this survey form. If you have questions, call 703.228.3920.

Certification

Certification of this information by the owner or authorized representative is required by state law (**Code of Virginia** 58.1-3294). A copy of this code will be provided upon request. Please print or type the name and title of the person certifying this information. Also provide the name and phone number of the person to contact with questions about this information.

Income Information

REVENUE

Rooms – Actual income from rental of rooms. This is not the gross potential income at 100% occupancy, but the actual gross rent received.

Food – Income from the sales of food and sundries. If the income from food/ sundry services is from a lease, please enter the information on Line 05 below.

Beverage – Income from the sale of beverages and sundries not included above.

Telephone – Income from use of telephone services.

Rental (Identify) – This includes rental income from conference rooms, food, retail, rooftop antenna, etc. Please attach an itemized list showing all rental income and the amount of space associated with the lease.

Parking – Income from parking.

Other Income – Additional sources of income not listed above.

TOTAL REVENUES – SUM OF ALL LINES ABOVE.

EXPENSES:

DEPARTMENTAL COSTS AND EXPENSES: These are costs necessary to maintain the production of income from operation of the property. They are day to day costs of providing services for the guest. **They do not include the expenses necessary for the operation of the Real Estate (See Undistributed Operating Expenses below).** Do not include under any expense category items such as ground rent, mortgage interest or amortization, depreciation, income taxes, or capital expenditures.

Rooms – Cost directly attributed to room upkeep. Such as Salaries & wages, payroll taxes & benefits, laundry, linen & guest supplies, commissions, reservation expense, contract cleaning, equipment leases, and other room expenses.

Food & Beverages – Costs directly attributed to providing meals and drinks. Such as Salaries & wages, payroll taxes & benefits, laundry, linen & guest supplies, China, glassware, silver & linen, contract cleaning, Cost of Goods (Food & Bev),equipment leases, and other operating costs.

Telephone – Costs of providing telephone service to guests. Such as telephone expenses and telephone leases.

Other Department Expenses – Additional departmental costs not listed above.

Total Departmental Expenses – SUM OF TOTAL ROOM EXPENSES, TOTAL FOOD & BEVERAGE EXPENSES, TOTAL TELEPHONE EXPENSES, AND TOTAL OTHER DEPARTMENTAL EXPENSES.

UNDISTRIBUTED EXPENSES: These are expenses necessary to maintain the production of income from operation of the property. Do not include under any expense category items such as ground rent, mortgage interest or amortization, depreciation, income taxes, or capital expenditures.

Administrative and General - Includes such items as Payroll & Administrative, Legal & Accounting fees, and Other Administrative expenses.

Management – Amount paid to a management company or self for operating the building. Do not count management expenses here if the same administrative costs are show elsewhere. Includes such items as Base fee, Incentive fee, and other management fees.

Marketing - Cost of marketing the property locally and nationally. Includes such cost as:

Salaries, Wages, & Benefits – payroll expenses for marketing that's not included in the Administrative and General payroll list above.

Advertising – paid for local and national marketing not included in franchise fee listed below.

Franchise Fees – Fees paid for use of name, logo, marketing, etc.

Other expenses – Other marketing expenses not covered elsewhere.

Property Operations & Maintenance – Expenses for repair and maintenance such as but not limited to:

Maintenance payroll – payroll expenses for maintenance staff not included elsewhere.

Supplies – expenses for maintenance supplies.

HVAC Repairs – Maintenance and repairs expense for heating, ventilating, and air-conditioning. **Do not include capital repairs.**

Electric Repairs - Maintenance and repairs expense for electrical systems.

Plumbing Repairs - Maintenance and repairs expense for plumbing systems.

Elevators Repairs/ Maintenance - Maintenance and repairs expense for elevator repairs.

Exterior Repairs - Maintenance and repairs to the outside of the property not covered elsewhere. **Do not include capital items.**

Roof Repairs – Minor repair and routine maintenance expense of roof. **Do not enter cost to replace entire roof. Roof replacement is a capital expense.**

Miscellaneous Repairs - Maintenance and repairs expense not covered in another elsewhere. **Do not include capital items.**

Energy Costs

Electricity – Cost of electricity services for this reporting period.

Water & Sewer – Cost of water and sewer services for this reporting period.

HVAC Fuel - Cost of fuel expense for heating the building. (Specify primary fuel)

a) Gas HVAC Fuel

b) Oil HVAC Fuel

Other Undistributed (unallocated) expenses - Other expenses not listed elsewhere. **Do not include capital items.**

TOTAL UNDISTRIBUTED EXPENSES – SUM OF TOTAL ADMINISTRATIVE AND GENERAL, TOTAL MANAGEMENT, TOTAL OPERATIONS AND MAINTENANCE, TOTAL ENERGY COSTS, AND OTHER UNDISTRIBUTED (UNALLOCATED) EXPENSES.

Miscellaneous Taxes and Insurance –

Personal Property / Business Tax - Business Tangible Tax paid during the accounting period.

Business License – Cost of business license during the accounting period.

Property Insurance (Building) – Fire, Casualty Insurance (reporting period only). Some insurance policies are multi-year contracts. Please include only one year's cost.

Property Insurance (Content) - Fire, Casualty Insurance (reporting period only). Some insurance policies are multi-year contracts. Please include only one year's cost.

Reserve for Replacement – The annual amount reserved for all capital improvements includes replacement of furniture, fixture, and equipment.

TOTAL FIXED EXPENSES – SUM OF TOTAL TAXES AND INSURANCE AND RESERVES FOR REPLACEMENT.

TOTAL EXPENSES – SUM OF TOTAL DEPARTMENTAL EXPENSES, TOTAL UNDISTRIBUTED EXPENSES, AND TOTAL FIXED EXPENSES.

NET OPERATING INCOME – INCOME TO THE PROPERTY AFTER ALL FIXED AND OPERATING EXPENSES INCLUDING RESERVES FOR REPLACEMENT ARE DEDUCTED BUT BEFORE DEDUCTING MORTGAGE INTEREST AND DEPRECIATIONS. (I.E., TOTAL ACTUAL INCOME RECEIVED LESS TOTAL DEPARTMENTAL EXPENSES LESS TOTAL UNDISTRIBUTED EXPENSES LESS TOTAL FIXED EXPENSES)

Real Estate Taxes – Amount paid in real estate taxes for this reporting period. This should reflect any adjustments made in the assessment for the period. **Do Not include personal property taxes.**

Renovations/ Capital Improvements – Money spent on capital improvements during the reporting period. Capital expenditures are investments in remodeling or replacements that materially add to the value of the property, or appreciably prolong its economic life. Generally, expenditures on materials or equipment with a life of more than one year should be considered capital and included here. List on an attached sheet the items considered to be capital improvements. **Enter the total amount of the capital cost for this reporting period only.**

Total Number of Rooms

Capacity of conference room/ meeting facilities

Average daily room rate achieved - Average daily room rate achieved for this reporting period.

Percentage of occupancy achieved - Percentage of occupancy achieved for this reporting period.

Projected average daily room rate for next year

Projected occupancy for next year

Leased Operations – Provide information for space leased such as but not limited to restaurants, gift shops, salons, etc.

Furniture, fixture, and equipment:

Historical Cost – Amount paid to acquire the furniture, fixture, and equipment.

Current value as of (Date:) – Current value of the furniture, fixture, and equipment as of December 31 of the reporting period. (Amount paid for the furniture, fixture, and equipment less accumulated depreciation).

Replacement value – The amount that would have to be paid to replace the furniture, fixture, and equipment at the present time, according to its current worth.

How are replacement reserves calculated?

How is management fee calculated?

How is franchise fee calculated?

PLEASE ATTACH A COPY OF THE AVERAGE ROOM RATES BY CATEGORIES (I.E., SINGLE, DOUBLE, TRANSIENT, GROUP, GOVERNMENT, SPECIAL, ETC.) Use Additional sheets (8 ½ x 11), if necessary, and include any items not listed that you feel may be important.