



Office of the Commissioner of the Revenue

Income and Expense Survey

Loudoun County 2019 Assessment Valuation

Jan 1 2017 -

Dec 31 2017

A



Owner Name: _____
 Management Company: _____
 Contact Person: _____
 Project Name: _____
 Subject Address: _____
 Date: _____
 Has there been an appraisal performed on this property in the last three years? _____
 Have there been any capital improvements during this reporting period? _____
 Is the building 100% owner occupied? _____
 Does a single tenant lease 75% or more? _____

PIN: _____
 Phone Number: _____
 Email: _____
 Signature: _____
 Print Name: _____
 Date: _____
 Value: _____
 Type: _____
 Cost: _____
 Type of Lease: _____

All information including the accompanying schedules and statements have been examined by me and to the best of my knowledge are true, correct, and complete.

PART I Income

Actual Income

1.	Office Income.....	1.	
2.	Retail Income.....	2.	
3.	Warehouse Income.....	3.	
4.	Parking Income.....	4.	
5.	Retail Overage/Percentage Rent.....	5.	
6.	Other.....	6.	

Revenue Expense Recoveries

7.	Common Area Maintenance Recoveries.....	7.	
8.	Real Estate Tax Recoveries.....	8.	
9.	Insurance Recoveries.....	9.	
10.	Operating Expense Recoveries.....	10.	
11.	Other.....	11.	

Revenue Loss for Reporting Period

12.	Income Loss from Vacancy.....	12.	
13.	Bad Debts/Rent Loss.....	13.	
14.	Rent Concessions.....	14.	
15.	Other.....	15.	

EGI

PGI

PART II Expenses

Utility

1.	Electricity.....	1.	
2.	Water and Sewer.....	2.	
3.	Gas/Oil.....	3.	
4.	Telecommunications.....	4.	
5.	Other.....	5.	

Janitorial

6.	Janitorial.....	6.	
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Operations and Maintenance

7.	Maintenance Payroll.....	7.	
8.	Maintenance Supplies.....	8.	
9.	HVAC Repairs.....	9.	
10.	Electric Repairs.....	10.	
11.	Plumbing Repairs.....	11.	
12.	Elevator Repairs/Maintenance.....	12.	
13.	Common Area/Exterior Repairs.....	13.	
14.	Decorating.....	14.	
15.	Roof Repairs.....	15.	
16.	Parking Lot/Garage Repairs.....	16.	
17.	Other.....	17.	

Marketing

18.	Salaries, Wages, and Benefits.....	18.	
19.	Advertising.....	19.	
20.	Other.....	20.	

Paid by
Tenant

Service

21.	Landscaping.....	21.	
22.	Trash Removal.....	22.	
23.	Security.....	23.	
24.	Snow Removal.....	24.	
25.	Other.....	25.	

Administrative and General

26.	Payroll and Administration.....	26.	
27.	Legal and Accounting.....	27.	
28.	Payroll Taxes.....	28.	
29.	Employee Benefits.....	29.	
30.	Other.....	30.	

Management

31.	Salaries, Wages, and Benefits.....	31.	
32.	Leasing Commissions.....	32.	
33.	Other.....	33.	

Miscellaneous

34.	Miscellaneous.....	34.	
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Taxes and Insurance

35.	Business Personal Property Tax.....	35.	
36.	Business License Tax.....	36.	
37.	Building Insurance.....	37.	
38.	Other.....	38.	

Real Estate Taxes and Reserves

39.	Real Estate Taxes.....	39.	
40.	Reserves for Replacement.....	40.	

Paid by
Tenant

The Income and Expense information MUST be placed on this form. Please attach a detailed rent roll. Supplemental information such as a complete operating statement should be included. If you should have any questions or need assistance, please contact our office.



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PART III Property Characteristics

Table with 5 columns: Type of Space, Total Building Square Footage, Leasable Square Footage, Square Footage Leased, Square Footage Vacant. Rows include Shell Space*, Retail, Warehouse/Warehouse, Condo**, Finished Office, Finished Retail, Storage Mezzanine, Finished Mezzanine, Office/Office Condo, Other, and Total.

*The area that is not available for tenancy without significant capital improvements.

**Identify showroom space with retail and/or office. Please use this section for flex space.

PART IV Ownership within the Project

Do any of the tenants own their own buildings? If yes, please list the tenants:

Blank lines for listing tenants who own their own buildings.

PART V Ground Leases within the Project

Do any of the tenants lease ground? If yes, please list the tenant names and parties to the Ground Lease:

Blank lines for listing tenants who lease ground.

PART J Notes

Multiple blank lines for providing notes.

PART V Summary

Income

Table for Income with 4 rows: 1. EGI, 2. Revenue Loss, 3. PGI, 4. NOI. Each row has a number column and a value column.

Expenses

Table for Expenses with 10 rows: 1. Utility, 2. Janitorial, 3. Operations and Maintenance, 4. Marketing, 5. Service, 6. Administrative and General, 7. Management, 8. Miscellaneous, 9. Taxes and Insurance, 10. Real Estate Taxes and Reserves. Each row has a number column and a value column.

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OFFICIAL REQUEST: TITLE 58.1-3294 CODE OF VIRGINIA - Each statement shall be certified as to its accuracy by an owner of the real estate for which the statement is furnished, or a duly authorized agent thereof. Any statement required by this section shall be kept confidential in accordance with the provisions of § 58.1-3. The failure of the owner of income-producing property, except property producing income solely from the rental of no more than four dwelling units, and except property being used exclusively as an owner-occupied property, not as a hotel, motel, or office building over 12,000 square feet, and not engaged in a retail or wholesale business where merchandise for sale is displayed, to furnish a statement of income and expenses as required by this section shall bar such owner or his representative from introducing into evidence, or using in any other manner, any of the required but not furnished income and expense information in any judicial action brought under § 58.1-3984.