



County of Fairfax, Department of Tax Administration

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Fairfax, Virginia 22035-0032

<https://www.fairfaxcounty.gov/taxes/real-estate>

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Data Center Income and Expense Survey - Real Estate Division

Calendar Year 2021

For Tax Year 2023

Instructions

NOTE: Instructions are found on page 6 of the survey. Please read these instructions and confirm the statement below before completing your survey.

"I have read and understand the survey instructions."

Property Identification

| | | | |
|---------------|-------------|---------------|-------------------------|
| Property Name | | Owner/Agent | No Longer Owns Property |
| Tax Map ID | Element No. | Property Type | |

Please list all additional elements included in the income and expense data.

Property Location

| | | | |
|----------|-------------|-----------|-----------------|
| Street # | Street Name | Direction | Suffix |
| City | | | Zip/Postal Code |

Property Improvement Information

| | | | | | |
|--------------------------|---------------|---------------------|------------------------------------|---------------------|--|
| Owner Occupied Yes No | | Owner Occupied SF | | | |
| Year Built | Year Addition | Total Building Area | Total Leasable Area | Total Basement Area | |
| Year Renovated | | Finished Bsmt Area | Unfinished Bsmt Area | Bsmt Parking Area | |
| No. Stories | No. Elevators | No. Parking Spaces | No. Reserved/Rental Parking Spaces | | |

Debt Service Information (within the last 5 years)

| | Loan Amount | Loan Date | Term | Interest Rate % | Payment (P & I) | Payment Frequency (Mo. or Year) |
|---|-------------|-----------|------|-----------------|-----------------|---------------------------------|
| 1 | | | | | | |
| 2 | | | | | | |

FOR INTERNAL USE ONLY

| | | | | | |
|---------|--|------|--|------------------|----------------|
| Initial | | Date | | Entered into IAS | Added to IDOCS |
|---------|--|------|--|------------------|----------------|

CONFIDENTIAL

| | | | |
|---------------|------------|-------------|---------------|
| Property Name | Tax Map ID | Element No. | Property Type |
| | | | |

| Part I: Data Center Property Characteristics | | | |
|--|-------------|----------|-------------|
| For Period | | to | |
| Type of Space | Square Feet | % Leased | Market Rent |
| Office | | % | \$ |
| Computer Room | | % | \$ |
| Other Leased Space | | % | \$ |
| Supporting Infrastructure | | | |
| Total | | % | \$ |

| | MW | kWh/Month | kWh/Annually |
|---------------|----|-----------|--------------|
| Critical Load | | | |

| Tier | I | II | III | IV |
|------|---|----|-----|----|
| | | | | |

| Part II: Business Tangible Personal Property Reporting | | |
|---|---------------------|------------------------|
| Computer and network systems, including servers, network equipment and appliances, telecommunications, and data storage systems | Reported? Yes No | Amount reported: \$ |
| Systems for monitoring and managing infrastructure performance | Reported? Yes No | Amount reported: \$ |
| Equipment used for the transformation, transmission, distribution, or management of electrical power and cooling | Reported? Yes No | Amount reported: \$ |
| Internet-related equipment and services | Reported? Yes No | Amount reported: \$ |
| Data communication | Reported? Yes No | Amount reported: \$ |
| Environmental controls | Reported? Yes No | Amount reported: \$ |
| Fire protection systems | Reported? Yes No | Amount reported: \$ |
| Security systems | Reported? Yes No | Amount reported: \$ |

| Property Name | Tax Map ID | Element No. | Property Type |
|---------------|------------|-------------|---------------|
| | | | |

PART III: DATA CENTER TENANT INVENTORY

Please fill out the rent roll on the next page. If there are more tenants than lines available in the table, attach a rent roll that includes the following tenant information.

1. Occupant name
2. Type of lease (NNN, Full Service, etc.)
3. Annualized rent
4. Rent start date
5. Rent expiration date
6. Leasing metric (kWh, CR SF, GFA SF)
7. \$/kWh*
8. \$/CR SF*
9. \$/GFA*
10. Cost recovery*
11. Other income*

*monthly amount, not annualized

Tenant Inventory:

| Property Name | Tax Map ID | Element No. | Property Type |
|---------------|------------|-------------|---------------|
| | | | |

| Data Center Rent Roll | | | | | | | | | | |
|-----------------------|---|-----------------|------------|-----------------|---|---------|----------|-----------|---------------|--------------|
| Occupant Name | Type of Lease <i>(NNN, Full Service, etc.)</i> | Annualized Rent | Rent Start | Rent Expiration | Leasing Metric | Monthly | | | | |
| | | | | | | \$/kWh | \$/CR SF | \$/GFA SF | Cost Recovery | Other Income |
| 1. | | \$ | / / | / / | <input type="checkbox"/> kWh <input type="checkbox"/> CR SF <input type="checkbox"/> GFA SF | \$ | \$ | \$ | \$ | \$ |
| 2. | | \$ | / / | / / | <input type="checkbox"/> kWh <input type="checkbox"/> CR SF <input type="checkbox"/> GFA SF | \$ | \$ | \$ | \$ | \$ |
| 3. | | \$ | / / | / / | <input type="checkbox"/> kWh <input type="checkbox"/> CR SF <input type="checkbox"/> GFA SF | \$ | \$ | \$ | \$ | \$ |
| 4. | | \$ | / / | / / | <input type="checkbox"/> kWh <input type="checkbox"/> CR SF <input type="checkbox"/> GFA SF | \$ | \$ | \$ | \$ | \$ |
| 5. | | \$ | / / | / / | <input type="checkbox"/> kWh <input type="checkbox"/> CR SF <input type="checkbox"/> GFA SF | \$ | \$ | \$ | \$ | \$ |
| 6. | | \$ | / / | / / | <input type="checkbox"/> kWh <input type="checkbox"/> CR SF <input type="checkbox"/> GFA SF | \$ | \$ | \$ | \$ | \$ |
| 7. | | \$ | / / | / / | <input type="checkbox"/> kWh <input type="checkbox"/> CR SF <input type="checkbox"/> GFA SF | \$ | \$ | \$ | \$ | \$ |
| 8. | | \$ | / / | / / | <input type="checkbox"/> kWh <input type="checkbox"/> CR SF <input type="checkbox"/> GFA SF | \$ | \$ | \$ | \$ | \$ |
| 9. | | \$ | / / | / / | <input type="checkbox"/> kWh <input type="checkbox"/> CR SF <input type="checkbox"/> GFA SF | \$ | \$ | \$ | \$ | \$ |
| 10. | | \$ | / / | / / | <input type="checkbox"/> kWh <input type="checkbox"/> CR SF <input type="checkbox"/> GFA SF | \$ | \$ | \$ | \$ | \$ |
| 11. | | \$ | / / | / / | <input type="checkbox"/> kWh <input type="checkbox"/> CR SF <input type="checkbox"/> GFA SF | \$ | \$ | \$ | \$ | \$ |
| 12. | | \$ | / / | / / | <input type="checkbox"/> kWh <input type="checkbox"/> CR SF <input type="checkbox"/> GFA SF | \$ | \$ | \$ | \$ | \$ |
| 13. | | \$ | / / | / / | <input type="checkbox"/> kWh <input type="checkbox"/> CR SF <input type="checkbox"/> GFA SF | \$ | \$ | \$ | \$ | \$ |
| 14. | | \$ | / / | / / | <input type="checkbox"/> kWh <input type="checkbox"/> CR SF <input type="checkbox"/> GFA SF | \$ | \$ | \$ | \$ | \$ |
| 15. | | \$ | / / | / / | <input type="checkbox"/> kWh <input type="checkbox"/> CR SF <input type="checkbox"/> GFA SF | \$ | \$ | \$ | \$ | \$ |
| 16. | | \$ | / / | / / | <input type="checkbox"/> kWh <input type="checkbox"/> CR SF <input type="checkbox"/> GFA SF | \$ | \$ | \$ | \$ | \$ |
| 17. | | \$ | / / | / / | <input type="checkbox"/> kWh <input type="checkbox"/> CR SF <input type="checkbox"/> GFA SF | \$ | \$ | \$ | \$ | \$ |
| 18. | | \$ | / / | / / | <input type="checkbox"/> kWh <input type="checkbox"/> CR SF <input type="checkbox"/> GFA SF | \$ | \$ | \$ | \$ | \$ |
| 19. | | \$ | / / | / / | <input type="checkbox"/> kWh <input type="checkbox"/> CR SF <input type="checkbox"/> GFA SF | \$ | \$ | \$ | \$ | \$ |
| 20. | | \$ | / / | / / | <input type="checkbox"/> kWh <input type="checkbox"/> CR SF <input type="checkbox"/> GFA SF | \$ | \$ | \$ | \$ | \$ |

| Property Name | Tax Map ID | Element No. | Property Type |
|---------------|------------|-------------|---------------|
| | | | |

ADDITIONAL COMMENTS

Please include any details you feel are necessary for the valuation of this property:

ELECTRONIC SURVEYS

Would you like all surveys in the future to be sent via email to complete electronically? YES NO
 If yes, please enter the preferred email for surveys to be sent to:
 I will update my preferred email when necessary by contacting

CERTIFICATION

OFFICIAL REQUEST: TITLE 58.1-3294 CODE OF VIRGINIA
 State law requires certification by the owner or officially authorized representative

| | | | |
|---|----------------------|----------------|-----------------|
| Name of Management Company | | Contact Person | |
| Street# | Street Name/P.O. Box | Direction | Suffix |
| 2 nd Line of Address | | | |
| Unit/Suite/Floor | City | State/Country | Zip/Postal Code |
| Phone Number | | Email Address | |
| All information including the accompanying schedules, statements, and attachments have been examined by me and to the best of my knowledge and belief are true, correct, and complete. I acknowledge that a DocuSign signature constitutes an official signature on behalf of the taxpayer or taxpaying entity. | | | |
| Signature | | Date | |
| Print Name | | Title | |

| Property Name | Tax Map ID | Element No. | Property Type |
|---------------|------------|-------------|---------------|
| | | | |

COUNTY OF FAIRFAX, DEPARTMENT OF TAX ADMINISTRATION, REAL ESTATE DIVISION

**INSTRUCTIONS FOR COMPLETING
INCOME AND EXPENSE SUPPLEMENTAL DOCUMENT
DATA CENTER PROPERTIES**

The following instructions are provided to aid you in filling out this supplemental form. If you have any questions, please call this office at (703) 324-4802.

Part I: Data Center Property Characteristics

'Part I' of the data center supplemental requests property owners provide information regarding the composition of their respective data center property. This information is requested so that we may more fairly and accurately describe and value your property.

The first component of 'Part I' addresses the allocation of space to specific data center activities. For each 'Type of Space' please indicate the applicable amount of square footage, the percentage leased as of 1/1/2020, and the associated market rent.

The second component of 'Part I' requests information regarding the facilities critical load. This information is requested to study the trends between annualized rent and availability of power to end users.

The third and final component of 'Part I' requests information regarding the respective classification Tier. For the purposes of this supplemental document please rely on the Uptime Institutes' Tier Standard to describe the availability of data processing from the hardware at a location.

Part II: Business Tangible Personal Property Reporting

'Part II' of the data center supplemental requests property owners provide information regarding their Business Tangible Personal Property filings. For each category indicate whether personal property has been reported, and if so, in what amount.

Part III: Data Center Rent Roll

'Part III' of the data center supplemental requests tenant specific information. We are requesting this information so that we may more accurately model the relationship between annualized rent and the various metrics utilized to lease data center space. If an alternative unlisted metric is used, please indicate and describe the methodology and provide the relevant rental rates.

1. **Occupant Name** – Please indicate the tenant and suite number for each leased space. Also, indicate each vacant space and its suite number.
2. **Type of Lease** – Please indicate the lease structure. (NNN, NN, N, Full Service, etc)
3. **Annualized Rent** - The current amount of rent now being paid for this reporting period. This amount includes CPI or percentage escalations but does not include reimbursements for utilities, common area expenses, or taxes.
4. **Rent Start** – Please indicate the date the tenant began occupancy.
5. **Rent Expiration** – Please indicate the expiration of the current rental agreement.
6. **Leasing Metric** – Please indicate the metric utilized to determine the rental rate.
7. **\$/kWh** – If rents are expressed on a per kilowatt hour basis, please identify the corresponding rate in this field.
8. **\$/CR SF** - If rents are expressed on a per computer room square foot basis, please identify the corresponding rate in this field.
9. **\$/GFA SF** - If rents are expressed on gross floor area basis, please identify the corresponding rate in this field.

| Property Name | Tax Map ID | Element No. | Property Type |
|---------------|------------|-------------|---------------|
| | | | |

10. **Cost Recovery** – Income to the property from the tenants' prorata share of property expenses.
11. **Other Income** – Please indicate a monthly dollar amount attributable to income derived from the real property components of the property. Please specify the source of this income.