



# County of Fairfax, Department of Tax Administration

12000 Government Center Pkwy., Suite 357  
Fairfax, Virginia 22035-0032

<https://www.fairfaxcounty.gov/taxes/real-estate>  
[DTAREDSurveys@fairfaxcounty.gov](mailto:DTAREDSurveys@fairfaxcounty.gov) | 703-222-8234 (TTY 711)

## Data Center Income and Expense Survey - Real Estate Division

**Calendar Year 2023**

**For Tax Year 2025**

### Instructions

Instructions are found as a supplemental document as noted above. 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	Click or tap to enter a date.	<input type="checkbox"/> Entered into IAS	<input type="checkbox"/> Added to IDOCS
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Property Name	Tax Map ID	Element No.	Property Type

Data Center Property Characteristics				
For Period		to		
Type of Space	Square Feet	% Leased	Market Rent	
Office		%	\$	
Computer Room		%	\$	
Other Leased Space		%	\$	
Supporting Infrastructure				
<b>Total</b>		%	\$	
Critical Load	MW	kWh/Month	kWh/Annually	
Tier	I	II	III	IV

Property Name	Tax Map ID	Element No.	Property Type

**New Construction, Capital Improvements/Renovations, Deferred Maintenance, Leasing Commissions, Tenant Improvements**

<p>Have there been Capital Improvements or Capital Renovations to the property during this reporting period?</p> <p align="center">Yes                      No</p> <p>If yes, please provide total cost and attach a detailed list.</p>	
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<p>Does the property currently have any deferred maintenance?</p> <p align="center">Yes                      No</p> <p>If yes, please provide the total cost to cure and attach an itemized list of the individual items along with cost estimates.</p>	
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What were the total <u>Leasing Commissions</u> paid during this reporting period?	
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What were the total <u>Tenant Improvement Costs</u> paid during this reporting period?	
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*New Construction: Attach most recent AIA documents G702 and G703 with all associated soft costs.*

**Market Rent, Vacancy and Tenant Improvement Allowance Information**

Current market rent per sq. ft	
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Space vacant and available for lease, January 1 (current year)	
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Space vacant and available for lease January 1 (prior year)	
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Income loss from vacancy (reporting period)	
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Income loss from bad debts* (reporting period)	
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Please identify any bad debts that you expect to be repaid in 2023	
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Current tenant improvement allowance per sq. ft.	Relet	New Lease
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Identify tenant (s) leaving the property prior to their contracted lease expiration\* (attach more if necessary):

Tenant Name	Reason for Leaving	Leased SF
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Contracted Lease Exp Date	Actual Date Vacated	Buyout Amount
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Is Tenant going to continue to pay the contracted rent?	Yes                      No
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Tenant Name	Reason for Leaving	Leased SF
-------------	--------------------	-----------

Contracted Lease Exp Date	Actual Date Vacated	Buyout Amount
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Is Tenant going to continue to pay the contracted rent?	Yes                      No
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Property Name	Tax Map ID	Element No.	Property Type

<b>Annual Income</b> (Indicate figure is Imputed by checking box in far-right column)			
<b>For Period</b>		<b>to</b>	
		<b>Amount</b>	<b>Value imputed?</b>
Primary Rental Income			
Sales of Utilities			
Rent Overage/% Rent			
Common Area Maintenance Reimbursement			
Interest Income			
Insurance Reimbursement			
Operating Expense Reimbursement			
Real Estate Tax Reimbursement			
Parking Income			
Antenna/Telecommunications Income			
Other Rental Income (specify)			
Miscellaneous Income* (specify)			
*Include financial aid received from federal, state, local government loans and/or grants (specify)			
<b>Total Annual Income</b>			

<b>Annual Operating Expenses</b>			
		<b>Amount</b>	<b>Value imputed?</b>
Water and Sewer			
Electricity			
Other Utilities (specify)			
Maintenance Payroll/Supplies			
HVAC Repairs			
Electric/Plumbing Repairs			
Elevator Repairs			
Roof Repairs			
Common Area/Exterior Repairs			
Decorating (carpet, paint, etc.)			
Other Repairs and Maintenance (specify)			
Management Fees (not including asset management fees, only property specific mgmt. fees)			
Other Administrative/Payroll (specify or attach detailed sheet)			
Janitorial/Cleaning			
Landscape (grounds maintenance)			
Trash			
Security			
Window Cleaning			
Snow Removal			
Other Services (specify)			
Insurance (One Year)			
Other Taxes, Fees, HOA (Do not include Real Estate Taxes)			
<i>Total Operating Expenses</i>			
<b>A. Net Operating Income (Total Actual Income Less Total Expenses before Real Estate Taxes)</b>			
<b>B. Real Estate Taxes</b>			

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 (N/W, Full Service, etc.)	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	\$	\$	\$	\$	\$

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Property Name	Tax Map ID	Element No.	Property Type

<b>ADDITIONAL COMMENTS</b>
Please include any details you feel are necessary for the valuation of this property:

<b>ELECTRONIC SURVEYS</b>
Please enter the preferred email for surveys to be sent to:

<b>CERTIFICATION</b>			
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 <sup>nd</sup> 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	