



County of Fairfax, Department of Tax Administration

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Fairfax, Virginia 22035-0032

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Hotel 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."

A. General Information (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		

B. 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						

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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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CONFIDENTIAL

Property Name	Tax Map ID	Element No.	Property Type

C. General Property, Management, Rate, and Occupancy Information

Total # of rooms	Total	
	Doubles	
	Singles	
	Suites	
Is there a restaurant facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what is the seating capacity?		
Is there a full-service kitchen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Conference meeting area	# of rooms	Area Sq. ft
Amenities (pools, exercise facilities, etc.)		
Year of Last Room Renovation		
Year of Last Common Area Renovation		
Include STR Chain Scale	<input type="checkbox"/> Independent <input type="checkbox"/> Economy <input type="checkbox"/> Midscale <input type="checkbox"/> Midscale <input type="checkbox"/> Upper Midscale <input type="checkbox"/> Upscale <input type="checkbox"/> Upper Upscale <input type="checkbox"/> Luxury	
Is the property owned by a national hotel chain?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, is the property operated and managed by this company?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the property currently operated under a franchise agreement with a hotel chain?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, how is the fee structured? (i.e., flat dollar amount of % revenue, NOI, etc.)	Initial Fees	
	Advertising Fees	
	Royalty Fees	
	Reservation Fees	
Is the property operated under a management contract (other than owner)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, does the contract provide for the use of a recognized chain, affiliated trade name and reservation system?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
How are the management fees calculated? (i.e., % of total revenues, room revenues, net operating income, etc.)		
Total number of rooms sold over the previous 12 months (same period as reported in next Annual Income section)		
Average occupancy over the previous 12 months		
Total room nights available (total number of rooms multiplied by 365)		
Average Daily Room rate (ADR) over the previous 12 month period? (total gross room revenue divided by total number of rooms sold)		

Property Name	Tax Map ID	Element No.	Property Type

Please provide a copy of the latest STAR report for this property. If not available, list the subject's three primary competitors.

D. Annual Income (round numbers, no decimals)		
Income for Period	to	
		Amount
		Imputed?
Actual Room Rental Income Received		
Sales of Food/Sundry Services		
Sales of Beverage/Sundries		
Telephone Income		
Lease Income		
Other Income (specify)		
<i>Total Actual Income (sum of above lines)</i>		

E. Capital Improvements, Renovations	
Have there been Capital Improvements or Capital Renovations to the property during this reporting period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide total cost here and attach a detailed list on a separate page.	

New construction: Submit most recent AIA Documents G702 and G703.

F. Department Costs (Not Included in the Next Operating Expenses Section)		
Rooms		
Food & Beverages		
Telephone		
Other (specify)		
<i>Total Department Costs (sum of lines above)</i>		

Property Name	Tax Map ID	Element No.	Property Type

G. Annual Operating Expenses (round numbers, no decimals)		
	Amount	Imputed?
Water and Sewer		
Electricity		
Other Utilities (specify)		
Management Fees		
Incentive Management Fees		
Franchise Fees		
Advertising		
Other Administrative/Payroll (specify)		
Roof Repairs		
Pool/Recreation		
Common Area/Exterior Repairs		
Decorating		
Other Repairs/Maintenance (specify)		
Janitorial/Cleaning (payroll/contract)		
Landscaping (grounds maintenance)		
Trash		
Security		
Snow Removal		
Other Services (specify)		
Insurance (One Year)		
Other Taxes, Fees		
Personal Property Taxes		
Business License		
Others (specify)		
Reserves for Replacement		
<i>H. Total Expenses Including Reserves</i>		
<i>I. Net Operating Income (Total Actual Income Less Total Expenses)</i>		
Real Estate Taxes		

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
Please enter the preferred email for surveys to be sent to (if applicable):

J. 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.			
Signature		Date	
Print Name		Title	