



# County of Fairfax, Department of Tax Administration

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Fairfax, Virginia 22035-0032

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

## Industrial/Flex 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. 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						

**FOR INTERNAL USE ONLY**

Initial		Date		Entered into IAS		Added to IDOCS
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**CONFIDENTIAL**

Property Name	Tax Map ID	Element No.	Property Type

**C. 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>	
<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>	
What were the total <u>Leasing Commissions</u> paid during this reporting period?	
What were the total <u>Tenant Improvement Costs</u> paid during this reporting period?	

*New Construction: Attach most recent AIA documents G702 and G703 with all associated soft costs.*

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

*\*Attach Separate Sheet if Necessary*

Current market rent per sq. ft	
Space vacant and available for lease, January 1 (current year)	
Space vacant and available for lease January 1 (prior year)	
Income loss from vacancy (reporting period)	
Income loss from bad debts (reporting period)	

Identify tenant (s) leaving the property prior to their contracted lease expiration\* (attach more if necessary):

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

Property Name	Tax Map ID	Element No.	Property Type

<b>E. Annual Income</b> (Indicate figure is Imputed by checking box in far-right column)			
<b>Income for Period</b>		<b>to</b>	
			<b>Amount</b>
			<b>Imputed?</b>
Primary Rental Income			
Sales of Utilities			
Common Area Maintenance Reimbursement			
Interest Income			
Insurance Reimbursement			
Operating Expense Reimbursement			
Real Estate Tax Reimbursement			
Other Rental Income (specify)			
Other Rental Income (specify)			
Miscellaneous Income* (specify)			
<i>Total Annual Income (sum of above income)</i>			

<b>F. Annual Operating Expenses</b>			
Water and Sewer			
Electricity			
Other Utilities (specify) _____			
Maintenance Payroll/Supplies			
HVAC Repairs			
Electric/Plumbing Repairs			
Roof Repairs			
Other Common Area/Exterior Repairs			
Other Repairs and Maintenance (specify)			
Management Fees – (Do not include asset management fees, only property specific mgmt. fees)			
Other Administrative/Payroll (specify or attach detailed sheet)			
Janitorial/Cleaning			
Landscape (grounds maintenance)			
Trash			
Security			
Snow Removal			
Other Services (specify)			
Insurance (One Year, fire & casualty)			
Other Taxes, Fees			
<i>Total Operating Expenses Before Reserves and Taxes</i>			
<i>G. Net Operating Income (Total Actual Income Less Total Expenses before Real Estate Taxes)</i>			
H. Real Estate Taxes			

Property Name	Tax Map ID	Element No.	Property Type

## I. 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. (Annualize rents and expense reimbursements.)**

1. Tenant Name/Unit
2. Amount of floor space leased (*including vacant space*)
3. Percent of ground floor space finished for use as office, retail, etc.
4. Amount of mezzanine space leased
5. Percent of mezzanine floor space finished for use as office, retail, etc.
6. Lease dates (Mo/Day/Year to Mo/Day/Year)
7. Original annual base rent amount
8. Current annual rent amount
9. Rent escalations % Fixed or CPI Factor
10. Expense stop (in \$)
11. Amount paid in excess of expense stop
12. Common area maintenance (if separate)
13. R.E. taxes (if separate)
14. Months free rent
15. Total leasing commission
16. Landlord paid build out costs

**Separately list and identify any space used as data center space.**

**Submit lease abstracts for any new leases contracted during calendar year 2020.**

**Rent Roll:**

**Lease Abstracts (if applicable):**



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 <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.			
Signature		Date	
Print Name		Title	