



**Office of the City Assessor**  
 900 East Broad Street, Room 802  
 Richmond, Virginia 23219

**Income and Expense Survey for the Previous Calendar Year of \_\_\_\_\_**  
 Information provided is CONFIDENTIAL, in accordance with Virginia Law

Property Name \_\_\_\_\_ Property Address \_\_\_\_\_  
 (If applicable)

Form Preparer/Position \_\_\_\_\_  
 Print Signature Position

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_ Date \_\_\_\_\_

**Signature and Verification**

The signature above declares under penalties provided by law, this return (including any accompanying schedules and statements) has been examined and is believed to be true, correct and complete return. If the return is prepared by any person other than the owner, his / her declaration is based on all the information relating to the matters required to be reported in the return of which he / she has knowledge.

**General Description Information**

(Please check applicable category and complete the related questions.)

Property is totally owner-occupied  Occupied Area \_\_\_\_\_ Sq.Ft.

Property is owner-occupied with Tenants   
 Total Building Area \_\_\_\_\_ Sq.Ft.  
 Owner-occupied Area \_\_\_\_\_ Sq.Ft.  
 Tenant-occupied Area \_\_\_\_\_ Sq.Ft.

Property is fully leased   
Unfinished Basement Area \_\_\_\_\_ Sq.Ft.  
 # Levels \_\_\_\_\_ Parking SF \_\_\_\_\_ Other SF \_\_\_\_\_  
 Gross Leaseable Area (GLA) \_\_\_\_\_ Sq.Ft. Finished Basement Area \_\_\_\_\_ Sq.Ft.  
 Gross Building Area \_\_\_\_\_ Sq.Ft. Office SF \_\_\_\_\_ Semi Fin SF \_\_\_\_\_ Storage SF \_\_\_\_\_

Property is: Vacant  Total Building Area \_\_\_\_\_ Sq.Ft.  
 Available for Sale  Asking/List Price \$ \_\_\_\_\_  
 Available for Rent  Asking Rent \$ \_\_\_\_\_  
 Holding for Future Use  Please describe: \_\_\_\_\_

#Total Parking Levels \_\_\_\_\_ # of Total Spaces \_\_\_\_\_ Rent received per/month for leased parking \$ \_\_\_\_\_  
 # Levels Above Grade: \_\_\_\_\_ # of Spaces Per level \_\_\_\_\_  
 # Levels Below Grade: \_\_\_\_\_ # of Spaces Per level \_\_\_\_\_

Other Leased space: Cell Tower  Date of Lease \_\_\_\_\_ Lease Amount \$ \_\_\_\_\_ per/year  
 Company Name: \_\_\_\_\_

Billboards  Date of Lease \_\_\_\_\_ Lease Amount \$ \_\_\_\_\_ per/year  
 Company Name: \_\_\_\_\_

Parcel Id:

Parcel Id:

**Annual Income**

Base Rental Income – Minimum \$ \_\_\_\_\_

Additional Rental Income – overages \$ \_\_\_\_\_

Parking Rental Income \$ \_\_\_\_\_

**Total Rent** \$ \_\_\_\_\_

Other Income (Reimbursements from Tenants)

Common Area Charges \$ \_\_\_\_\_

Property Tax Reimbursement \$ \_\_\_\_\_

Insurance Reimbursement \$ \_\_\_\_\_

Utility Charge Reimbursement \$ \_\_\_\_\_

**Total Operating Receipts** \$ \_\_\_\_\_

**Total Annual Income** \$ \_\_\_\_\_

**Vacancy & Collection Loss** \_\_\_\_\_ SF  
(Year End)

**Annual Operating Expenses**

		CAM* Expense	Paid By Landlord	Paid By Tenants
<u>Fixed Expenses</u>				
Real Estate Taxes	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insurance	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Variable Expenses</u>				
Repair & Maintenance	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parking Lot Maintenance	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parking Rental Expense	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utilities	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trash Removal	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advertising/Promotional	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administrative Expenses	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Services	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management Fees	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leasing Agent Fees	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Total Operating Expenses** \$ \_\_\_\_\_

**Net Operating Income** \$ \_\_\_\_\_

Please include your Income Summary, rent roll or use the one enclosed as a guide and typical lease. Attach comments and/or other information on a separate page, ie. IRS Schedule E Supplemental Income and Loss form, capital expenses, etc...

