



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

Industrial Property

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 Data

Business Name: _____

Which of the following best describes your property? (Check one)

- Single Tenant
- Owner-user
- Other (describe) _____
- Owner-user and tenant (s)
- Multi-tenant investment

Which of the following reflects the primary use of your property (Check one)

- Warehouse/Distribution
- Manufacturing
- Hi-Tech/Research/Development
- Other (describe) _____
- Mini-Warehouse
- Multi-bay, mixed-use

Number of buildings

- One
- Two
- Three
- More than three

Gross Building Area (GBA): _____ square feet

Total Office Area: _____ square feet

Total Warehouse Area: _____ square feet

Total Other Area: _____ square feet

Total Rentable Area¹: _____ square feet

Parking Available: _____ # of spaces

Typical Lease Structure (Please include a copy of a typical lease)

- Gross²
- Net³
- Absolute Net⁴

Parcel ID: _____

¹ Total area included in tenant lease(s).
² Owner pays all expenses.
³ Owner pays only a few expenses; tenant (s) pays some expenses directly, such as utilities or interior maintenance.
⁴ Tenant pays for all expenses, including real-estate taxes and insurance.

(Industrial Property Cont'd)

Annual Gross Income

Gross Rental Income _____ square feet \$ _____ / sq.ft. = \$ _____

Other Income _____ \$ _____

Total Gross Income \$ _____

Vacancy (Year End): _____ SF

Annual Operating Expenses

Real Estate Taxes \$ _____

Insurance \$ _____

Administrative/Legal/Accounting \$ _____

Repairs and Maintenance \$ _____

Trash/Snow Removal \$ _____

Management Fee \$ _____

Utilities \$ _____

Other: _____ \$ _____

Other: _____ \$ _____

Total Operating Expenses \$ _____

*Please identify any capital expenditures or extraordinary costs which vary from the typical operating expenses?

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...

Parcel Id:

