



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

Office Property

Income and Expense Survey for the 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:

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...

