



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

Office Property

Income and Expense Survey for Calendar Year of _____

Information provided is CONFIDENTIAL, in accordance with Virginia Law

Map Reference _____ Property Address _____

Form Preparer/Position _____
 Name _____ Position _____

Telephone Number _____ Email Address _____ Date _____

The preparer 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.)

Occupancy

Property is 100% owner-occupied	Total Building Area	_____ Sq.Ft.
Property is occupied by owner/tenant	Owner-occupied Area	_____ Sq.Ft.
	Tenant-occupied Area	_____ Sq.Ft.

Basement/Storage

Y N

Is there a basement	_____ Sq.Ft.
Is the basement finished	_____ Sq.Ft.
Is the basement leased separate	Leased amount \$ _____
Is there storage area	_____ Sq.Ft

Status if currently not occupied

Property is: Vacant	Available for Sale	Asking Price \$ _____
Available for Rent	Asking Rent	\$ _____

Parking

Number of Total Spaces _____ Rent received per/month for leased parking \$ _____

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

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	\$ _____		
Insurance	\$ _____		
<u>Variable Expenses</u>			
Repair & Maintenance	\$ _____		
Parking Lot Maintenance	\$ _____		
Parking Rental Expense	\$ _____		
Utilities	\$ _____		
Trash Removal	\$ _____		
Security	\$ _____		
Advertising/Promotional	\$ _____		
Administrative Expenses	\$ _____		
Professional Services	\$ _____		
Management Fees	\$ _____		
Leasing Agent Fees	\$ _____		
Other: _____	\$ _____		
Other: _____	\$ _____		

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...

