

HOTEL / MOTEL INCOME AND EXPENSE SURVEY

CITY OF ALEXANDRIA
DEPARTMENT OF REAL ESTATE ASSESSMENTS
703.746.4646



Tax Assessment Map #

Abstract Code

Account #

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RETURN TO:
CITY OF ALEXANDRIA
DEPARTMENT OF REAL ESTATE ASSESSMENTS
P. O. BOX 178
ALEXANDRIA, VIRGINIA 22313-1501

Dear Property Owner:

The Department of Real Estate Assessments is in the process of collecting and analyzing information for the annual reassessment of real estate located in the City of Alexandria. This is an official request pursuant to Section 58.1-3294 of the Code of Virginia that requires you to furnish this office with income and expense data for any income-producing properties for calendar year 2009. This request is also in compliance with Section 3-2-186 of the Alexandria City Code. All information submitted will be kept strictly confidential under the stipulations of Section 58.1-3 of the Code of Virginia.

This survey form is to be completed by the property owner or a duly authorized agent, showing the gross income (at 100% occupancy), vacancies and expenses for the above referenced property. The information should encompass the 2009 calendar year.

Income information related to calendar year 2009 that you may have previously submitted to the Department of Real Estate Assessments or to the Board of Equalization as part of a review or an appeal, **must be resubmitted at this time to satisfy this request.** The income information requested by the Department of Finance in regard to business licenses is not associated with this request.

In addition to the information requested as part of this survey, we request that you submit any other income or expense information that you believe to be relevant to the assessment of your property.

The enclosed self-addressed envelope is provided for your convenience. The income information must be returned to our office no later than **May 1, 2010** or postmarked by the U. S. Postal Service no later than **May 1, 2010**. I would like to remind you that any Request for Review of Assessment filed with this office, or any Appeal of Assessment filed with the Board of Equalization, that is based upon the income or expenses attributable to your property will not be considered unless this information has been filed on time.

If you have any questions regarding this matter, or wish to discuss this request form with a member of our appraisal staff, please call between 8:00 a.m. and 5:00 p.m., Monday through Friday. Your cooperation and timely response to this legal requirement will be greatly appreciated.

Sincerely,

Cynthia A. Smith-Page, ASA
Director

Enclosure

A. CERTIFICATION

State law requires certification by the owner or officially authorized representative. Please type or print all information except signatures.

Name of Building _____

Property Address _____

Type of project or building _____

Owner(s) Name(s) _____

All information including the accompanying schedules and statements have been examined by me and to the best of my knowledge and belief are true, correct, and complete. Contact person _____

Management Firm _____ Phone _____

Address _____

Date _____ Signature _____ Title _____

Print name _____

The Income and Expense information must be placed on this form. No alternative forms may be used. A detailed set of instructions is part of this survey. (Note that payroll taxes and employee benefits should be distributed to each department.) These instructions are provided to assist you in completing the form. If you should have any questions or need assistance please call our office at 703.838.4646.

B. ANNUAL INCOME (Calendar Year 2009)

REVENUE:

- 01 Actual room rental income _____
- 02 Food and Beverage _____
- 03 Telecommunications _____
- 04 Other Operated Departments _____
- 05 Rentals and Other Income _____
- 06 TOTAL REVENUES _____

C. DEPARTMENT COSTS AND EXPENSES:

- 07 Rooms _____
- 08 Food and Beverage _____
- 09 Telecommunications _____
- 10 Other Operated Departments _____
- 11 TOTAL COSTS AND EXPENSES _____

12 TOTAL OPERATED DEPARTMENTAL INCOME (line 6 minus line 11) _____

D. UNDISTRIBUTED OPERATING EXPENSES:

- 13 Administrative & General _____
- 14 Franchise fees _____
- 15 Marketing and Sales _____
- 16 Property Operation and Maintenance _____
- 17 Utility Costs _____
- 18 Other Unallocated Operated Departments _____
- 19 TOTAL UNDISTRIBUTED EXPENSES _____
- 20 **INCOME BEFORE FIXED CHARGES** _____

E. MANAGEMENT FEES, PROPERTY TAXES AND INSURANCE

- 21 Management fees
- 22 Ground rent
- 23 Taxes (other than Real Estate)
- 24 Real Estate Taxes
- 25 Insurance (building and contents)
- 26 Total management fees, property taxes and insurance
- 27 Reserves for replacement (Furniture, fixtures & equipment)
- 28 **TOTAL EXPENSES**

F. NET OPERATING INCOME BEFORE DEPRECIATION DEBT SERVICE AND INCOME TAXES

G. FACILITIES DATA

1. Room types and number

	No. of rooms	Avg. size
Single	_____	_____
Doubles	_____	_____
Suites	_____	_____
TOTAL	_____	_____

2. Restaurant facilities: Yes No
Space devoted to food preparation and serving: _____ sq. ft.
Seating capacity: _____

3. Conference areas: No. of rooms _____ Area _____ sq. ft.

H. OCCUPANCY AND DAILY RATE INFORMATION

1. List your monthly occupancy rates:

Jan _____ Feb _____ Mar _____ Apr _____ May _____ June _____
 Jul _____ Aug _____ Sept _____ Oct _____ Nov _____ Dec _____

2. Year-to-date occupancy rate _____

3. AVERAGE DAILY ROOM RATES

List your monthly actual average daily room rates:

Jan _____ Feb _____ Mar _____ Apr _____ May _____ June _____
 Jul _____ Aug _____ Sept _____ Oct _____ Nov _____ Dec _____

4. Year-to-date average daily room rate _____

I. CAPITAL IMPROVEMENTS, RENOVATIONS

Have there been Capital Improvements or Capital Renovations to the property during this reporting period?
 Yes No If yes, please provide total cost here and attach a detailed list on separate page.
 Reflect only those capital costs that were actually expensed in calendar year 2009.

TOTAL CAPITAL COST: _____

