Official Request
HOTEL/MOTEL INCOME & EXPENSE SURVEY
CITY OF ALEXANDRIA
OFFICE OF REAL ESTATE ASSESSMENTS
703.746.4646

Tax Assessment Map #  Abstract Code  Account #  This form is accessible via the Office’s website at alexandriava.gov/realestate.

If you wish, you may download the form and enter the data via the fillable PDF and submit electronically.

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

Dear Property Owner:

The Office 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 2019. 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 2019 calendar year.

Income information related to calendar year 2019 that you may have previously submitted to the Office 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.

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 expense attributable to your property will not be considered unless this information has been filed on time.

The enclosed self-addressed envelope is provided for your convenience. The income information must be returned to our office no later than May 1, 2020 or postmarked by the U.S. Postal Service no later than May 1, 2020.

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,

The Office of Real Estate Assessments

Enclosure
A. **CERTIFICATION**

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

Property Address ____________________________________________________________

Owner(s) Name(s) ____________________________________________________________

<table>
<thead>
<tr>
<th>Management firm</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address_____________________________</td>
<td></td>
</tr>
<tr>
<td>Date _______ Signature _______________ Title ________________________________</td>
<td></td>
</tr>
<tr>
<td>Print Name __________________________ E-mail _________________________________</td>
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</tbody>
</table>

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.

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. 746.4646.

B. **ANNUAL INCOME (Calendar Year 2019)**

**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** ____________________ |

**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 ______________ |
E. MANAGEMENT FEES, PROPERTY TAXES AND INSURANCE

21 Management fees .................................................................
22 Ground rent ........................................................................
23 Taxes (other than Real Estate) .............................................
24 Estimated 2020 Alexandria Stormwater Utility Fee...........
25 Real Estate Taxes .................................................................
26 Insurance (building and contents) ........................................
27 TOTAL MANAGEMENT, TAXES AND INSURANCE...
28 Reserves for replacement (Furniture, fixtures & equipment) .........
29 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 expenses in calendar year 2015.

   TOTAL CAPITAL COST: ____________________

CONFIDENTIAL

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J. DEBT SERVICE INFORMATION

Has there been a professional appraisal on this real property in the last five years? □ Yes □ No

If yes, appraiser’s estimate of value $ ____________________ Date of value ____________________

K. ADDITIONAL DATA

Please provide the year ending 2019 STAR REPORT for this property.