

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 2020. 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 **2020 calendar year**.

Income information related to calendar year 2020 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, 2021 or** postmarked by the U.S. Postal Service no later than **May 1, 2021**.

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) \_\_\_\_\_

**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.**

Management firm \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_

Print Name \_\_\_\_\_ E-mail \_\_\_\_\_

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 2020)**

**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 .....
- 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 Estimated 2021 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: \_\_\_\_\_

**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 2020 STAR REPORT for this property.