Official Request

HOTEL / MOTEL INCOME & EXPENSE SURVEY

CITY OF ALEXANDRIA DEPARTMENT OF REAL ESTATE ASSESSMENTS
703.746.4646

Tax Assessment Map #	Abstract Code	Account #

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 2011. 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 2011calendar year.

Income information related to calendar year 2011 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.

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, 2012,** or postmarked by the U.S. Postal Service no later than **May 1, 2012**.

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 Department 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 sstatements 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. 746.4646.

B. ANNUAL INCOME (Calendar Year 2011)

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, 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 expenses in calendar year 2011.

TOTAL CAPITAL COST: _____

CONFIDENTIAL

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 2011 STAR REPORT for this property.