



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

**Hotel and Motel Property**

**Income and Expense Survey for the Calendar Year of \_\_\_\_\_**  
 Information provided is CONFIDENTIAL, in accordance with Virginia Law

Property Name \_\_\_\_\_ Property Address \_\_\_\_\_  
 (If applicable)

Form Preparer/Position \_\_\_\_\_  
 Print Signature Position

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_ Date \_\_\_\_\_

**Signature and Verification**

The signature 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 Data**

Business Name: \_\_\_\_\_ Total Number of Room Nights Available last year \_\_\_\_\_

Number of Available Rooms \_\_\_\_\_ Total Number of Room Nights Sold last year \_\_\_\_\_

TYPE:  Limited Service  Full Service  Extended Stay  Suite  Motel

<u>Room Configuration (number of rooms in each category) / Rates</u>			
	# Units	Rent/day/unit	Rent/week/unit
Single	_____	_____	_____
Double	_____	_____	_____
King	_____	_____	_____
Suite	_____	_____	_____
Other	_____	_____	_____

Annual Occupancy \_\_\_\_\_

Annual Average Daily Rate (ADR) \$ \_\_\_\_\_

<u>Segmentation of Annual Occupancy</u>					
	Transient	Corporate	Group	Other	Total
Percentage of Annual Occupancy	_____	_____	_____	_____	100%
ADR for Segment	_____	_____	_____	_____	_____

Parcel Id: \_\_\_\_\_

(Hotel and Motel Cont'd.)

**Annual Department Revenue**

Rooms	\$ _____
Conference Facilities	\$ _____
Food and Beverage	\$ _____
Parking	\$ _____
Telephone	\$ _____
Minor Operated Departments	\$ _____
Miscellaneous Rentals and Other Income	\$ _____
<b>Total Annual Revenue</b>	<b>\$ _____</b>

**Annual Costs and Expenses**

Rooms	\$ _____
Food and Beverage	\$ _____
Telephone	\$ _____
Minor Operated Departments	\$ _____
Leased Equipment	\$ _____
Administrative, Legal, Accounting	\$ _____
Marketing	\$ _____
HVAC	\$ _____
Property Operation and Maintenance	\$ _____
Franchise Fee	\$ _____
Parking	\$ _____
Other: _____	\$ _____
<b>Total Operating Expenses</b>	<b>\$ _____</b>

Management Fees \$ \_\_\_\_\_

**Fixed Operating Expenses**

Real Estate Taxes	\$ _____
Property Insurance	\$ _____
Reserve for Capital Replacement	\$ _____
Other: _____	\$ _____
<b>Total Fixed Expenses</b>	<b>\$ _____</b>

-Estimate value of furniture, fixture and equipment; business value \$ \_\_\_\_\_

Comments and/or other information may be attached on a separate page, ie. IRS Schedule E Supplemental Income and Loss form, capital expenses, etc...

Parcel Id: