A2016

Office of the Chief Financial Officer

Apartment Income & Expense(Tax Year 2016)

Complete this report in accordance with accounting methodologies used for Federal Income Tax reporting. DC Code ⊕47-821 stipulates that all information contained in this report shall be kept in strict confidence. Failure to submit complete and accurate information requested by the due date below is a violation of DC Code and will result in a ten percent penalty of taxes due assessed to your following year tax bill. If you have questions, or need assistance, please contact our Assessment Program Coordinator, Anthony Daniels at 202-442-6794; email: anthony.daniels@dc.gov

DUE DATE: April 15, 2015

Reporting Period: Start Date: _____ **End Date:** _____

Required Information

Square	Suffix	Lot	Assessment Notice No.

Apartment Name _____

Premise Address _____

_____

Please Note: If your operation encompasses more than one Square, Suffix and Lot (SSL), you may list additional SSLs below. This will afford you filing credit for the parcels within the economic unit without the necessity of filing individual forms.

	Square	Suffix	Lot		Square	Suffix	Lot
1.				2.			
3.				4.			
5.				6.			
7.				8.			
9.				10.			

Owner Name _____

Owner Address 1 _____

Owner Address 2 _____

Owner City _____ **State** _____ **Zip** _____

CERTIFICATION : I certify under penalty of law that the information provided is true, correct and complete to the best of my knowledge and belief. Making a false statement as to material facts is punishable by criminal penalties, D.C. code §22-2405

Management Company _____

Title/Relationship _____ Signature: _____

Preparer _____

Address _____

City _____ **State** _____ **Zip** _____

Preparer's E-mail _____ **Phone** _____

Approver E-mail _____ **Owners EIN** _____

Summary Of Rent Schedules :

Efficiency	Total # Units	Baths Total #	Rent Control # Units	Non-Market # Units	# of Units @ Market Rent	Market Rent $ / month
1 Bedroom						
2 Bedroom						
2 Bedroom and Den						
3 Bedroom						
3 Bedroom and Den						
Other (List)						
Total Units						

Retail/Commercial	# Units	Leasable SF	Weighted Avg Rent / SF
Retail			$
Office			$
Other (List)			$

Is this Property a participant in HUD or other Low-Income Housing Programs? ☐

If Yes, Please indicate what type _____ Annual Tax Credit $ _____ .00

List public utilities paid by tenant _____ % of Units Participating in program _____ %

VACANCY AND COLLECTION LOSS:

1. Income Loss due to Vacancy $ _____ .00
2. Income Loss due to Collection $ _____ .00
3. Income Loss due to Concessions $ _____ .00
4. Income Loss due to Employee Quarters

\# _____ $ _____ / year

ANNUAL INCOME:

Please enter at least one value in this section

1. Total Apartment rent collected $ _____ .00
2. Miscellaneous Income(Retail/Commercial) $ _____ .00
3. Miscellaneous Income(Parking,vending,laundry, etc) $ _____ .00
4. Storage $ _____ .00
5. Utility Reimbursements $ _____ .00
6. HUD interest subsidy Reimburse $ _____ .00
7. Other Income, (Please Specify): $ _____ .00
8. Total Actual Income $ _____ .00

EXPENSES:

9. Management	$	.00
10. Administrative	$	.00
11. Payroll	$	.00
12. Professional Fees	$	.00
13. Corporate Suite Expenses	$	.00

UTILITIES:

	Paid by Owner	Paid by Tenant		
14. Water and Sewer			$	.00
15. Electricity			$	.00
16. Fuel (Type of fuel):			$	.00

REPAIRS MAINTENANCE AND CONTRACT SERVICES

17. Maintenance Payroll/SuppliesWater and Sewer	$	.00
18. Mechanical (HVAC, Electricital,Plumb)	$	.00
19. Roof Repairs	$	.00
20. Elevator (parts, Labor, Contract Services)	$	.00
21. Pool (parts, Labor, Contract Services)	$	.00
22. Redecorating Costs(parts, Labor, Contract Services)	$	.00
23. Janitorial/Cleaning (Supplies and contract services)	$	.00
24. Landscape, cleaning, supplies and services	$	.00
25. Trash	$	.00
26. Security	$	.00
27. Other Maintenance Contract services etc. (Must give itemized list)	$	.00
Total Expenses (Sum of 9 through 27)	$	.00

FIXED EXPENSES:

28. Insurance (One Year Fire, Casualty)	$	.00
29. Miscellaneous Taxes (Non payroll,Non Property tax)	$	.00
Total Fixed Expenses sum of Lines 28 and 29	$	.00
Net Operating Income	$	.00

REPLACEMENT RESERVES:

30. Annual Replacements Reserve	$	.00

CAPITAL IMPROVEMENTS:

31. Cost of Capital Improvements Incurred last 12months.
(For Capital Improvements consideration itemized list required) $ .00

32. Cost of Future Capital Improvements (For future Capital Improvements consideration plan and itemized list required) $ .00

Please provide supporting documents

ANNUAL GROUND RENT:

33. List Annual Ground Rent If Applicable. $ .00

34. Inception Date of Lease

35. Ending Date of Lease

MORTGAGE/SALES/MANAGEMENT INFORMATION:

1. Is there a current mortgage on the property? ☐

If Yes, please provide the following data:

Name of Mortgage Company

Mortgage Amount $ .00

Term of Mortgage

Interest Rate %

Current Mortgage Balance $ .00

Date of Mortgage

2. List the most recent partial or complete interest transfer of the real property in the last 3 years:

Purchase Date

Purchase Amount $ .00

Percent of Ownership %

3. Most Recent Professional Appraisal Date:

Appraisal Values $ .00

Appraisal Firm/Individual