

Commercial Income & Expense (Tax Year 2017)



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 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, 2016

Reporting Period: Start Date: End Date:

Square	Suffix	Lot	Assessment Notice No.	= Required Information
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Use Code	Neighborhood Code	Building Class		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

Building 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.	<input type="text"/>	<input type="text"/>	2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	4.	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	6.	<input type="text"/>	<input type="text"/>
7.	<input type="text"/>	<input type="text"/>	8.	<input type="text"/>	<input type="text"/>
9.	<input type="text"/>	<input type="text"/>	10.	<input type="text"/>	<input type="text"/>

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

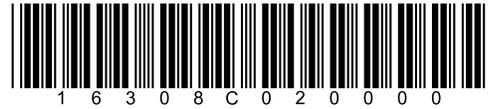
Phone

Approver E-mail

Owners EIN

Gross Building Area	<input type="text"/>	sf	Office Space	<input type="text"/>	sf	Vacant Space Available January 1 (Reporting Year):	<input type="text"/>	sf
Net Leasable	<input type="text"/>	sf	Retail Space	<input type="text"/>	sf	Vacant Space Available December 31 (Reporting Year):	<input type="text"/>	sf
# Parking Spaces	<input type="text"/>	#	Storage Space	<input type="text"/>	sf	Income Loss due to Vacancy (Reporting Year):	<input type="text"/>	.00
			Above Grade Space:					
			Below Grade Space:					
			Office Space	<input type="text"/>	sf			
			Retail Space	<input type="text"/>	sf			
			Storage Space	<input type="text"/>	sf			

Measuring Method: GSA BOMA Other



Interior finish or build out of space provided by: Owner Tenant

FOR INDUSTRIAL USE:

Office Space sf Heated sf
 Unfinished Area sf Cooled sf
 Ceiling Height ft

ANNUAL INCOME:

Please enter at least one value in this section

1. Office Income	\$	<input type="text"/>	.00
2. Retail Income	\$	<input type="text"/>	.00
3. Industrial/ Warehouse Space	\$	<input type="text"/>	.00
4. Escalation/Overage/Percentage Rent	\$	<input type="text"/>	.00
5. Storage Space	\$	<input type="text"/>	.00
6. Parking Income	\$	<input type="text"/>	.00
7. Other Income	\$	<input type="text"/>	.00
8. Sub-total Income (Lines 1 - 7)	\$	<input type="text"/>	.00
9. Real Estate Tax Reimbursements	\$	<input type="text"/>	.00
10. Common Area Maintenance Reimbursements	\$	<input type="text"/>	.00
11. Total Actual Income (Lines 8-10)	\$	<input type="text"/>	.00

Notes(Max 256 characters):

CONCESSIONS:

12. Total Calendar Year 2015 Concessions for new lease reporting requirements: \$.00
 (see end of form for new lease reporting requirements)

OPERATING EXPENSES:

	Paid by			
	Owner	Tenant		
Management and Administrative:				
13. Management Fees	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="text"/> .00
14. Advertising/Marketing	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="text"/> .00
15. Other Administrative/Payroll/Leasing/Professional Fees	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="text"/> .00
Utilities:				
16. Water and Sewer	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="text"/> .00
17. Electricity	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="text"/> .00
18. Heating Fuel List:	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="text"/> .00
Repairs Maintenance and Contract Services:				
19. Maintenance/Payroll/supplies/Contract Services	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="text"/> .00
20. Mechanical Repairs (electric, plumbing, HVAC)	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="text"/> .00
21. Elevator (parts, labor, contract services)	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="text"/> .00
22. Janitorial/Cleaning/Supplies/Contract Services	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="text"/> .00
23. Landscaping/Common Area/Ground Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="text"/> .00
24. Trash	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="text"/> .00



25. Security \$.00

26. Other Repairs List: \$.00

27. Total Operating Expenses (does not include Real Estate Taxes) \$.00

FIXED EXPENSES:

28. Insurance (One year, Fire, Casualty) \$.00

29. Miscellaneous Taxes (non payroll, non real estate) \$.00

30. Total Fixed Expenses \$.00

CAPITAL EXPENDITURES/RESERVES:

31. Actual capital reserves deposited (Cash Basis) \$.00

32. Capital Expenditures incurred during reporting period. If yes, please provide cost and attached detailed list. \$.00

33. Projected Capital Expenditures, next 5 years. If yes, please provide cost and attached detailed list. \$.00

Please provide supporting documents.

ANNUAL GROUND RENT:

34. List Annual Ground Rent If Applicable \$.00

35. Inception Date of Lease

36. 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

Terms 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 % Special Conditions (1031 exchange, portfolio, sale etc.)

3. Most Recent Professional Appraisal

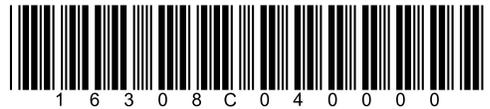
Date:

Appraisal Values \$.00

Appraisal Firm/Individual

LEASING REPORT:

Please download a copy of the Annual Leasing Report (Rent Roll) from our website: www.otr.cfo.dc.gov



NEW LEASE ABSTRACT:

Tenant Name: [] Tenant FEIN: [] Location (floor(s)): [] Occupied Net Rentable Area: [] sf

Measuring Method: GSA BOMA Other (please specify) [] Status: Master Lease New Tenant Renewal Option Exercised

Sign Date: [] Start Date: [] End Date: [] Term: []

Renewal Options: [] Base Rent: \$ [] /sf Annual Base Rent Increase: [] %

Lease Type: Full Service Net NN NNN Other []

Space Type: Office Retail Storage Other []

Tenant Pays: Tax Escalation: Base Year: [] Expense Escalation: Base Year: [] Heat: [] Water: [] Gas: [] Electric: [] Other Utilities: []

All Expenses: Operating Expenses: Maintenance: Insurance: Real Estate Taxes: CAM Charges: Percentage Rent or Overage: How is Percentage Rent or Overage Rent calculated: []

Tenant Improvements: Total Paid By Owner (TI Allowance): \$ [] .00 Total By Owner: \$ [] /sf Total Paid By Tenant: \$ [] .00 Total By Tenant: \$ [] /sf

Leasing Commission Total \$ [] .00 Leasing Commission: [] % Total Paid \$ [] .00 Date Paid: [] Free Rent: No. of months [] Total: Free Rent Amount \$ [] .00 Other Concessions: \$ [] .00 Explain Other Concessions: []

NEW LEASE ABSTRACT:

Tenant Name: [] Tenant FEIN: [] Location (floor(s)): [] Occupied Net Rentable Area: [] sf

Measuring Method: GSA BOMA Other (please specify) [] Status: Master Lease New Tenant Renewal Option Exercised

Sign Date: [] Start Date: [] End Date: [] Term: []

Renewal Options: [] Base Rent: \$ [] /sf Annual Base Rent Increase: [] %

Lease Type: Full Service Net NN NNN Other []

Space Type: Office Retail Storage Other []

Tenant Pays: Tax Escalation: Base Year: [] Expense Escalation: Base Year: [] Heat: [] Water: [] Gas: [] Electric: [] Other Utilities: []

All Expenses: Operating Expenses: Maintenance: Insurance: Real Estate Taxes: CAM Charges: Percentage Rent or Overage: How is Percentage Rent or Overage Rent calculated: []

Tenant Improvements: Total Paid By Owner (TI Allowance): \$ [] .00 Total By Owner: \$ [] /sf Total Paid By Tenant: \$ [] .00 Total By Tenant: \$ [] /sf

Leasing Commission Total \$ [] .00 Leasing Commission: [] % Total Paid \$ [] .00 Date Paid: [] Free Rent: No. of months [] Total: Free Rent Amount \$ [] .00 Other Concessions: \$ [] .00 Explain Other Concessions: []

Please make copies of this page to report additional new lease(s)