



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 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, 2016

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

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

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"/>	<input type="text"/>	2. <input type="text"/>	<input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>	4. <input type="text"/>	<input type="text"/>	<input type="text"/>
5. <input type="text"/>	<input type="text"/>	<input type="text"/>	6. <input type="text"/>	<input type="text"/>	<input type="text"/>
7. <input type="text"/>	<input type="text"/>	<input type="text"/>	8. <input type="text"/>	<input type="text"/>	<input type="text"/>
9. <input type="text"/>	<input type="text"/>	<input type="text"/>	10. <input type="text"/>	<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	Above Grade Space:	Vacancy:
Net Leasable <input type="text"/> sf	Office Space <input type="text"/> sf	Vacant Space Available January 1 (Reporting Year): <input type="text"/> sf
# Parking Spaces <input type="text"/> #	Retail Space <input type="text"/> sf	Vacant Space Available December 31 (Reporting year): <input type="text"/> sf
	Storage Space <input type="text"/> sf	Income Loss due to Vacancy (Reporting Year): \$ <input type="text"/> .00
	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 2014 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="text"/> .00
15. Other Administrative/Payroll/Leasing/Professional Fees			\$	<input type="text"/> .00
Utilities:				
16. Water and Sewer		<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="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="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 \$.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: (TI Allowance): \$.00 Total Paid By Owner: \$.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:

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Total: Free Rent Amount \$.00 Other Concessions: \$.00 Explain Other Concessions:

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