

Apartment Income & Expense (Tax Year 2019)



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 10 percent penalty of taxes assessed to your following year tax bill. If you have questions, or need assistance, please contact our Assessment Program Coordinator at 202-442-6794; email: FP308@dc.gov

DUE DATE: April 17, 2018

Reporting Period: Start Date:

Calendar Year:

End Date:

Square:	Suffix:	Lot:
<input type="text"/>	<input type="text"/>	<input type="text"/>

*Required Information

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.	<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 EIN: <input type="text"/>	Owner Name: <input type="text"/>	Signature: <input type="text"/>
Owner Address 1: <input type="text"/>		
Owner Address 2: <input type="text"/>		
Owner City: <input type="text"/>	State: <input type="text"/>	Zip: <input type="text"/>

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

Preparer Details

Approver Details

Company Name:

Title/Relationship:

Preparer Name:

Address 1:

Address 2:

City:

State:

Zip:

Preparer E-mail:

Phone:

Company Name:

Title/Relationship:

Approver Name:

Address 1:

Address 2:

City:

State:

Zip:

Approver E-mail:

Phone:



Summary Of Rent Schedules: In addition to completing the schedule below, please attach a copy of your rent roll as of December 31, 2017 to this report.

	Total # Units	Baths Total #	Rent Control # Units	Non-Market # Units	# of Units @ Market Rent	Market Rent \$ / month
Efficiency						
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? Yes No

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	\$	<input type="text"/>	.00
2. Income Loss due to Collection	\$	<input type="text"/>	.00
3. Income Loss due to Concessions	\$	<input type="text"/>	.00
4. Income Loss due to Employee Quarters	#	<input type="text"/>	\$ <input type="text"/> / year

ANNUAL INCOME:

Please enter at least one value in this section

1. Total Apartment rent collected	\$	<input type="text"/>	.00
2. Miscellaneous Income(Retail/Commercial)	\$	<input type="text"/>	.00
3. Miscellaneous Income(Parking,vending,laundry, etc)	\$	<input type="text"/>	.00
4. Storage	\$	<input type="text"/>	.00
5. Utility Reimbursements	\$	<input type="text"/>	.00
6. HUD interest subsidy Reimburse	\$	<input type="text"/>	.00
7. Other Income, (Please Specify):	\$	<input type="text"/>	.00
8. Total Actual Income	\$	<input type="text"/>	.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	<input type="checkbox"/>	<input type="checkbox"/>	\$.00
15. Electricity	<input type="checkbox"/>	<input type="checkbox"/>	\$.00
16. Fuel (Type of fuel):	<input type="checkbox"/>	<input type="checkbox"/>	\$.00

REPAIRS MAINTENANCE AND CONTRACT SERVICES

17. Maintenance Payroll/Supplies Water and Sewer	\$		.00
18. Mechanical (HVAC, Electrical, 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
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CAPITAL IMPROVEMENTS:

31. Cost of Capital Improvements Incurred last 12 months. (For capital improvements to be considered, an itemized list is required)	\$.00
32. Cost of Future Capital Improvements (For future capital improvements to be considered, an itemized list is 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? Yes No

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: %

Most Recent Professional

Appraisal Date:

Appraisal Values: \$.00

Appraisal Firm/Individual:

Management Information

Management Company Name:

Address Line 1:

Address Line 2:

Phone Number:

Contact Name:

Contact Email Address: