

Hotel/Motel 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 above date 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:** ***Required Information**

Hotel/Motel 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"/> | <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 EIN: **Owner Name:** **Signature:**

Mailing Address 1:

Mailing Address 2:

Mailing 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, DC Code §22-2405.

Preparer Details

Company Name:

Title/Relationship:

Preparer Name:

Address 1:

Address 2:

City:

State:

Zip:

Preparer E-mail:

Phone:

Approval Details

Company Name:

Title/Relationship:

Approver Name :

Address 1:

Address 2:

City:

State:

Zip:

Approver E-mail:

Phone:

Hotel Operations: ☐ Franchise ☐ Chain

Total Number of Guest Rooms:

Number of Parking Spaces:

Average Number of rooms Occupied/ Day:

Average Daily Room Rate: \$.00

Occupancy Rate:

RevPAR:



ACCOUNTING METHODOLOGY

Method Used to Prepare this Statement

☐ Accrual ☐ Cash

ANNUAL REVENUE:

Please enter at least one value in this section*

| | | | |
|-----------------------|----|--|-----|
| 1. Room Revenue: | \$ | | .00 |
| 2. Food and Beverage: | \$ | | .00 |
| 3. Telephone Service: | \$ | | .00 |
| 4. Other Income: | \$ | | .00 |
| 5. Rental Income: | \$ | | .00 |
| 6. TOTAL REVENUE: | \$ | | .00 |

OPERATED DEPARTMENT COSTS:

| | | | |
|--------------------------------------|----|--|-----|
| 7. Rooms: | \$ | | .00 |
| 8. Food and Beverage: | \$ | | .00 |
| 9. Telephone Service: | \$ | | .00 |
| 10. Other Costs: | \$ | | .00 |
| 11. TOTAL OPERATED DEPARTMENT COSTS: | \$ | | .00 |
| 12. GROSS OPERATING INCOME: | \$ | | .00 |

UNALLOCATED OPERATING EXPENSES:

| | | | |
|--|----|--|-----|
| 13. Administrative and General: | \$ | | .00 |
| 14. Property Operations and Maintenance: | \$ | | .00 |
| 15. Utility Expenses: | \$ | | .00 |
| 16. Marketing (exclude hotel chain expenses): | \$ | | .00 |
| 17. Other Costs: | \$ | | .00 |
| 18. Insurance: | \$ | | .00 |
| 19. Public Space Rental: | \$ | | .00 |
| 20. TOTAL UNALLOCATED OPERATING EXPENSES: | \$ | | .00 |
| 21. NET OPERATING INCOME: | \$ | | .00 |
| 22a. Base Management Fee: | \$ | | .00 |
| 22b. Incentive Management Fee: | \$ | | .00 |
| 23. Franchise Fee: | \$ | | .00 |
| 24. Replacement Reserves: | \$ | | .00 |
| 25. Real Estate Taxes: | \$ | | .00 |
| 26. FF and E Value: | \$ | | .00 |
| 27. Capital Expenditures, Last 12 months: (As reported in most recent Personal Property tax return) | \$ | | .00 |
| 28. Capital Expenditures, Next 5 years: | \$ | | .00 |

Please provide supporting documents

ANNUAL GROUND RENT:

| | | | |
|--|----|--|-----|
| 29. List Annual Ground Rent If Applicable: | \$ | | .00 |
| 30. Inception Date of Lease: | | | |
| 31. 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:
Terms of Mortgage: Mortgage Amount: \$.00
Current Mortgage Balance: \$.00 Interest Rate: %
Date of Mortgage:

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

Purchase Date:
Percent of Ownership: %
Purchase Amount : \$.00

If a Franchise/Management Agreement Exists:

Date it was Last Negotiated:
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:

LEASED BUILDING AREAS

| Type of Space | Location Within Building | Tenant Name | Square Feet Leased | Annual Based \$ | Additional Rent \$ |
|----------------------|--------------------------|----------------------|----------------------|-------------------------|-------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Total | | | <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/> |

GENERAL HOTEL INFORMATION

No. of Guest Rooms w/
Kitchenette: No. of Guest Rooms
with Kitchen: Amenities:



HOTEL FOOD AND BEVERAGES OUTLETS

| Name | Type | Seating Capacity |
|------|------|------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

CONFERENCE SPACE

Total Conference/Meeting Area: sf

Largest Single Conference/Meeting Room: sf

ATTACHMENTS