



Office of the City Assessor
 900 East Broad Street, Room 802
 Richmond, Virginia 23219

Office Property

Income and Expense Survey for Calendar Year of _____

Information provided is CONFIDENTIAL, in accordance with Virginia Law

Map Reference _____ Property Address _____

Form Preparer/Position _____
 Name _____ Position _____

Telephone Number _____ Email Address _____ Date _____

The preparer above declares under penalties provided by law, this return (including any accompanying schedules and statements) has been examined and is believed to be true, correct and complete return. If the return is prepared by any person other than the owner, his / her declaration is based on all the information relating to the matters required to be reported in the return of which he / she has knowledge.

General Description Information

(Please check applicable category and complete the related questions.)

Occupancy

Property is 100% owner-occupied Total Building Area _____ Sq.Ft.
 Property is occupied by owner/tenant Owner-occupied Area _____ Sq.Ft.
 Tenant-occupied Area _____ Sq.Ft.

Basement/Storage

	Y	N	
Is there a basement	<input type="checkbox"/>	<input type="checkbox"/>	_____ Sq.Ft.
Is the basement finished	<input type="checkbox"/>	<input type="checkbox"/>	_____ Sq.Ft.
Is the basement leased separate	<input type="checkbox"/>		Leased amount \$ _____
Is there storage area	<input type="checkbox"/>		_____ Sq.Ft

Status if currently not occupied

Property is: Vacant Available for Sale Asking Price \$ _____
 Available for Rent Asking Rent \$ _____

Parking

Number of Total Spaces _____ Rent received per/month for leased parking \$ _____

Other Leased space: Cell Tower Date of Lease _____ Lease Amount \$ _____ per/year
 Company Name: _____

Annual Income

Base Rental Income – Minimum \$ _____

Additional Rental Income – overages \$ _____

Parking Rental Income \$ _____

Total Rent \$ _____

Other Income (Reimbursements from Tenants)

Common Area Charges \$ _____

Property Tax Reimbursement \$ _____

Insurance Reimbursement \$ _____

Utility Charge Reimbursement \$ _____

Total Operating Receipts \$ _____

Total Annual Income \$ _____

Vacancy & Collection Loss _____ SF
(Year End)

Annual Operating Expenses

		CAM* Expense	Paid By Landlord	Paid By Tenants
<u>Fixed Expenses</u>				
Real Estate Taxes	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insurance	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Variable Expenses</u>				
Repair & Maintenance	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parking Lot Maintenance	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parking Rental Expense	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utilities	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trash Removal	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advertising/Promotional	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administrative Expenses	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Services	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management Fees	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leasing Agent Fees	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total Operating Expenses \$ _____

Net Operating Income \$ _____

Please include your Income Summary, rent roll or use the one enclosed as a guide and typical lease. Attach comments and/or other information on a separate page, ie. IRS Schedule E Supplemental Income and Loss form, capital expenses, etc...

OFFICE TENANT RENT ROLL SUMMARY

Address	Tenant Name	Net Rentable Area	Annual Rent	Lease Term	Tenant Expenses Tax, Insurance Charges, etc.
				From: To:	
				From : To:	
				From: To:	
				From: To:	
				From: To:	
				From: To:	
				From: To:	
				From: To:	
				From: To:	
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				From: To:	

*Extra Forms are available on our Website at: www.richmondgov.com/Assessor/forms.aspx. Please save and email this completed survey to asktheassessor@richmondgov.com