



**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             | _____ Sq.Ft.           |
| Is the basement finished        | _____ Sq.Ft.           |
| Is the basement leased separate | Leased amount \$ _____ |
| Is there storage area           | _____ 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*<br>Expense | Paid By<br>Landlord | Paid By<br>Tenants |
|--------------------------|-----------------|---------------------|--------------------|
| <u>Fixed Expenses</u>    |                 |                     |                    |
| Real Estate Taxes        | \$ _____        |                     |                    |
| Insurance                | \$ _____        |                     |                    |
| <u>Variable Expenses</u> |                 |                     |                    |
| Repair & Maintenance     | \$ _____        |                     |                    |
| Parking Lot Maintenance  | \$ _____        |                     |                    |
| Parking Rental Expense   | \$ _____        |                     |                    |
| Utilities                | \$ _____        |                     |                    |
| Trash Removal            | \$ _____        |                     |                    |
| Security                 | \$ _____        |                     |                    |
| Advertising/Promotional  | \$ _____        |                     |                    |
| Administrative Expenses  | \$ _____        |                     |                    |
| Professional Services    | \$ _____        |                     |                    |
| Management Fees          | \$ _____        |                     |                    |
| Leasing Agent Fees       | \$ _____        |                     |                    |
| Other: _____             | \$ _____        |                     |                    |
| Other: _____             | \$ _____        |                     |                    |

**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...

