



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

Hotel Property

Income and Expense Survey for Calendar Year of _____
Information provided is CONFIDENTIAL, in accordance with Virginia Law

Property Name _____ Property Address _____
(If applicable)

Form Preparer/Position _____
Name Position

Telephone Number _____ Email Address _____ Date _____

Map Reference _____

Signature and Verification

The signature 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 Data

Business Name: _____ Total Number of Room Nights Available last year _____

Number of Available Rooms _____ Total Number of Room Nights Sold last year _____

TYPE: ☐ Limited Service ☐ Full Service ☐ Extended Stay ☐ Suite ☐ Motel

Room Configuration (number of rooms in each category) / Rates

# Units	Rent/day/unit	Rent/week/unit
Single _____		
Double _____		
King _____		
Suite _____		
Other _____		

Annual Occupancy _____

Annual Average Daily Rate (ADR) \$ _____

Segmentation of Annual Occupancy

Percentage of Annual Occupancy	Transient	Corporate	Group	Other	Total

ADR for Segment					

(Hotel and Motel Cont'd.)

Annual Department Revenue

Rooms	\$ _____
Conference Facilities	\$ _____
Food and Beverage	\$ _____
Parking	\$ _____
Telephone	\$ _____
Minor Operated Departments	\$ _____
Miscellaneous Rentals and Other Income	\$ _____
Total Annual Revenue	\$ _____

Annual Costs and Expenses

Rooms	\$ _____
Food and Beverage	\$ _____
Telephone	\$ _____
Minor Operated Departments	\$ _____
Leased Equipment	\$ _____
Administrative, Legal, Accounting	\$ _____
Marketing	\$ _____
HVAC	\$ _____
Property Operation and Maintenance	\$ _____
Franchise Fee	\$ _____
Parking	\$ _____
Other: _____	\$ _____
Total Operating Expenses	\$ _____
Management Fees	\$ _____

Fixed Operating Expenses

Real Estate Taxes	\$ _____
Property Insurance	\$ _____
Reserve for Capital Replacement	\$ _____
Other: _____	\$ _____
Total Fixed Expenses	\$ _____

-Estimate value of furniture, fixture and equipment; business value \$ _____

Comments and/or other information may be attached on a separate page, ie. IRS Schedule E Supplemental Income and Loss form, capital expenses, etc...