



FREDERICK COUNTY, VIRGINIA
 Commissioner of the Revenue
 P.O. Box 552, Winchester VA 22604-0552
 Phone: 540-665-5680 Fax: 540-667-6487
www.fcva.us/cor • www.fcva.us/re

REPORTING PERIOD: _____

INCOME AND EXPENSE SURVEY FOR ASSESSMENT VALUATION

GENERAL INFORMATION

Owner Name:		Phone Number:	
Management Company:		Phone Number:	
Address:		Email:	
Contact Person:		Phone Number:	
Has there been an appraisal done on this property in the last 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes--	Date:
Have there been capital improvements during this reporting period?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes--	Type:
Is the building 100% owner occupied?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes--	Type of Lease:
Does a single tenant lease 75% or more?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

PART I - INCOME				PART II - EXPENSES (CONTINUED)			
ACTUAL INCOME				*OPERATIONS AND MAINTENANCE*			Paid by Tenant ✓
1.	Office Income	1.		12.	Maintenance Payroll	12.	<input type="checkbox"/>
2.	Retail Income	2.		13.	Maintenance Supplies	13.	<input type="checkbox"/>
3.	Warehouse Income	3.		14.	HVAC Repairs	14.	<input type="checkbox"/>
4.	Parking Income	4.		15.	Electric Repairs	15.	<input type="checkbox"/>
5.	Retail Overage / Percentage Rent	5.		16.	Plumbing Repairs	16.	<input type="checkbox"/>
6.	Other	6.		17.	Elevator Repairs / Maintenance	17.	<input type="checkbox"/>
EGI				18.	Common Area / Exterior Repairs	18.	<input type="checkbox"/>
REVENUE EXPENSE RECOVERIES				19.	Decorating	19.	<input type="checkbox"/>
7.	Common Area Maintenance Recoveries	7.		20.	Roof Repairs	20.	<input type="checkbox"/>
8.	Real Estate Tax Recoveries	8.		21.	Parking Lot / Garage Repairs	21.	<input type="checkbox"/>
9.	Insurance Recoveries	9.		22.	Other	22.	<input type="checkbox"/>
10.	Operating Expense Recoveries	10.		*MARKETING*			
11.	Other	11.		23.	Salaries, Wages, and Benefits	23.	<input type="checkbox"/>
PGI				24.	Advertising	24.	<input type="checkbox"/>
REVENUE LOSS for REPORTING PERIOD				25.	Other	25.	<input type="checkbox"/>
12.	Income Loss from Vacancy	12.		*ADMINISTRATIVE AND GENERAL*			
13.	Bad Debts / Rent Loss	13.		26.	Payroll and Administration	26.	<input type="checkbox"/>
14.	Rent Concessions	14.		27.	Legal and Accounting	27.	<input type="checkbox"/>
15.	Other	15.		28.	Payroll Taxes	28.	<input type="checkbox"/>
PART II - EXPENSES				29.	Employee Benefits	29.	<input type="checkbox"/>
UTILITY				30.	Other	30.	<input type="checkbox"/>
1.	Electricity	1.	<input type="checkbox"/>	*MANAGEMENT*			
2.	Water and Sewer	2.	<input type="checkbox"/>	31.	Salaries, Wages, and Benefits	31.	<input type="checkbox"/>
3.	Gas / Oil	3.	<input type="checkbox"/>	32.	Leasing Commissions	32.	<input type="checkbox"/>
4.	Telecommunications	4.	<input type="checkbox"/>	33.	Other	33.	<input type="checkbox"/>
5.	Other	5.	<input type="checkbox"/>	*TAXES AND INSURANCE*			
JANITORIAL				34.	Business Personal Property Tax	34.	<input type="checkbox"/>
6.	Janitorial	6.	<input type="checkbox"/>	35.	Business License Tax	35.	<input type="checkbox"/>
SERVICE				36.	Building Insurance	36.	<input type="checkbox"/>
7.	Landscaping	7.	<input type="checkbox"/>	37.	Other	37.	<input type="checkbox"/>
8.	Trash Removal	8.	<input type="checkbox"/>	*REAL ESTATE TAXES AND RESERVES*			
9.	Security	9.	<input type="checkbox"/>	38.	Real Estate Taxes	38.	<input type="checkbox"/>
10.	Snow Removal	10.	<input type="checkbox"/>	39.	Reserves for Replacement	39.	<input type="checkbox"/>
11.	Other	11.	<input type="checkbox"/>	*MISCELLANEOUS*			
PART III - SUMMARY				40.	Miscellaneous	40.	<input type="checkbox"/>

INCOME TOTALS				*EXPENSES TOTALS*			
1.	REVENUE LOSSES	1.	\$	5.	Utility	5.	\$
2.	EGI	2.	\$	6.	Janitorial	6.	\$
3.	PGI	3.	\$	7.	Service	7.	\$
4.	NOI	4.	\$	8.	Operations & Maintenance	8.	\$
TOTALS				9.	Marketing	9.	\$
				10.	Administrative and General	10.	\$
				11.	Management	11.	\$
				12.	Taxes and Insurance	12.	\$
				13.	Real Estate Taxes and Reserves	13.	\$
				14.	Miscellaneous	14.	\$
						TOTAL	\$

PART IV – PROPERTY INFORMATION

TYPE OF SPACE	TOTAL BUILDING SQUARE FOOTAGE	LEASEABLE SQUARE FOOTAGE	LEASED SQUARE FOOTAGE	VACANT SQUARE FOOTAGE
SHELL SPACE (Area NOT available for tenancy without significant capital improvements):				
RETAIL:				
WAREHOUSE/WAREHOUSE CONDO (Identify showroom space with retail and/or office. Use this section for flex space.):				
<i>Finished Office:</i>				
<i>Finished Retail:</i>				
<i>Storage Mezzanine:</i>				
<i>Finished Mezzanine:</i>				
OFFICE/OFFICE CONDO:				
OTHER:				

CERTIFICATION

The owner must sign this form. If the business is an entity such as a trust, partnership, limited liability company, or corporation, it must be signed by a member, partner, executive officer, or other person specifically authorized in writing by the trust, partnership, limited liability company, or corporation to sign on its behalf.
I declare, under penalty of perjury, (1) that the foregoing information is complete, true, and correct to the best of my knowledge and belief, and (2) *that I am the owner or a member, partner, executive officer, or other person specifically authorized in writing to sign.*

Signature *Print Name* *Title or Capacity for Signing* *Date*