



REPORTING PERIOD: _____

HOTEL 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:	Value:
PART I – INCOME					PART III – UNDISTRIBUTED OPERATING COST AND EXPENSES (continued)					
1. Rooms	1.				*FRANCHISE FEE*					
2. Food and Beverage	2.				7. Franchise Fee	7.				
3. Telecommunications	3.				8. Other	8.				
4. Parking	4.				*OPERATIONS AND MAINTENANCE*					
5. Rental Conference Facilities	5.				9. Payroll	9.				
6. Meeting Rooms	6.				10. Supplies	10.				
7. Other	7.				11. HVAC Repairs	11.				
PART II – EXPENSES					12. Electric Repairs	12.				
ROOM					13. Plumbing Repairs	13.				
1. Salaries and Wages	1.				14. Elevator Repairs/Maintenance	14.				
2. Payroll Taxes and Benefits	2.				15. Exterior Repairs	15.				
3. Laundry, Linen, and Guest Supplies	3.				16. Roof Repairs	16.				
4. Commissions	4.				17. Other	17.				
5. Reservation Expense	5.				*UTILITY*					
6. Contract Cleaning	6.				18. Electricity	18.				
7. Equipment Leases	7.				19. Water and Sewer	19.				
8. Other	8.				20. Gas	20.				
TELECOMMUNICATION					21. Other	21.				
9. Telecommunication	9.				*MARKETING*					
FOOD AND BEVERAGE					22. Salaries, Wages, and Benefits	22.				
10. Salary and Wages	10.				23. Advertising	23.				
11. Payroll Taxes and Benefits	11.				24. Other	24.				
12. Laundry, Linen, and Guest Supplies	12.				*MISCELLANEOUS*					
13. China, Glassware, and Silverware	13.				25. Miscellaneous	25.				
14. Contract Cleaning	14.				*RESERVES FOR FF&E*					
15. Cost of Goods Sold	15.				26. Reserves for FF&E	26.				
16. Equipment Leases	16.				*MISCELLANEOUS TAXES AND INSURANCE*					
17. Other	17.				27. Tangible Business Property Tax	27.				
MISCELLANEOUS					28. Business License Tax	28.				
18. Miscellaneous	18.				29. Building Insurance	29.				
PART III – UNDISTRIBUTED OPERATING COST AND EXPENSES					30. Contents Insurance	30.				
ADMINISTRATIVE AND GENERAL					31. Other	31.				
1. Payroll and Administrative					*REAL ESTATE TAXES*					
2. Legal and Accounting					32. Total Real Estate Taxes	32.				
3. Other										
MANAGEMENT										
4. Base Fee										
5. Incentive Fee										
6. Other										
PART IV – SUMMARY / TOTALS										
REVENUES					*UNDISTRIBUTED OPERATING COSTS AND EXPENSES*					
1. TOTAL					1. Administrative and General	1.	\$			
RUSHMORE BUSINESS VALUE					2. Management	2.	\$			
1. TOTAL					3. Franchise Fee	3.	\$			
RUSHMORE RETURN OF PERSONAL PROPERTY					4. Operations and Maintenance	4.	\$			
1. TOTAL					5. Utility	5.	\$			
NET OPERATING INCOME					6. Marketing	6.	\$			
1. TOTAL					7. Miscellaneous	7.	\$			
EXPENSES					8. Reserves for FF&E	8.	\$			
1. Room	1.	\$			9. Miscellaneous Taxes and Insurance	9.	\$			
2. Telecommunication	2.	\$			10. Real Estate Taxes	10.	\$			
3. Food and Beverages	3.	\$			11. TOTAL		\$			
4. Miscellaneous	4.	\$								
5. TOTAL		\$								

PART V – PROPERTY INFORMATION

ROOMS				*RESTAURANT*			
1.	Number of Rooms	1.		9.	Number of Restaurants	9.	
2.	Number of Room Nights	2.		10.	Type of Restaurants	10.	
3.	Number of Available Room Nights	3.		11.	Seating Capacity	11.	
4.	Average Daily Room Rate	4.		12.	If Leased, Amount	12.	
5.	Occupancy Percentage	5.		*FURNITURE, FIXTURES, AND EQUIPMENT*			
6.	Projected Average Daily Room Rate	6.		13.	Historical Cost	13.	
CONFERENCE/MEETING FACILITIES				14.	Current Value	14.	
7.	Gross Area of Conference/Meeting Facilities	7.		15.	Replacement Value	15.	
8.	Capacity of Conference/Meeting Facilities	8.					

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