

Gross Annual Property Expenses for Latest Year

TaxKey # _____

Property Address _____

Neighborhood Number _____

Utilities:

Heat \$ _____

Water/Sewer \$ _____

Gas \$ _____

Electric \$ _____

Other _____ \$ _____

Administrative Expenses:

Office \$ _____

Wages/Salary \$ _____

Leasing Costs \$ _____

Legal \$ _____

Advertising \$ _____

Accounting \$ _____

Misc. _____ \$ _____

Operating Expenses:

Repairs \$ _____

Security \$ _____

Supplies \$ _____

Annual Insurance \$ _____
(fire/liability only)

Elevator \$ _____

Grounds \$ _____

Janitorial \$ _____

Trash Collection \$ _____

Pest Control \$ _____

Common Area Maintenance:
(not reimbursed by tenant) \$ _____

Misc _____ \$ _____

Management:

\$ _____

Real Estate Taxes:

(not reimbursed by tenant)

\$ _____

Reserves for Replacement:

(Examples: Roof, Paving, Mechanicals, Floor Coverings)

\$ _____

Total Expenses:

\$ _____

Year which expenses represent: _____ month _____ year to _____ month _____ year

Instructions:

- Please report the operating expenses for the last complete year (12 month period). Enter the annual expenses for the items listed.
- Report all expenses you incurred on your building to the most appropriate category listed on this form.
- Round to the nearest dollar amount.
- **Do not include depreciation allowances or mortgage payments as an expense.**
- **Adjust expenses that do not occur annually to an annual basis.** (For example: Fire and Liability insurance with one payment covering multiple years).

Signature (and title)

Date

Telephone #

Tax Key #

Property Address

Current Rent Roll of **COMMERCIAL** Tenants

(THE INFORMATION PROVIDED WILL BE REGARDED AS CONFIDENTIAL TO THE FULL EXTENT ALLOWED BY LAW)

Please list all the rentable areas for your property, occupied and vacant (including owner occupied space).

Tenant		Owner Occupied (yes/no)	Floor #	Unit Size (square feet)	Leased from		Indicate mo/yr tenant originally moved in.	Current MONTHLY Rent	Rent Includes		ANNUAL Income from Common Area Maintenance	ANNUAL R.E. Taxes paid by tenant	ANNUAL Income from Percentage Rents
Name	Unit #				Start mo/yr	End mo/yr			Heat	Electric			

Current Rent Roll of **APARTMENT** Tenants

OTHER INCOME ITEMS

Please list all the rentable areas of your building, occupied and vacant (including owner occupied space)

Unit # or Address	Floor #	Unit Size (square feet)	Description of Apartment			MONTHLY Rent	Rent includes (yes/no)		
			# Bedrooms	# Baths	Other Features		Heat	Electric	Appliances

Items	Annual Income
Billboard	
Garage	
Laundry	
Parking	
Pets	
Other	

Date which rent roll represents: _____ month _____ year

Signature (and title)

Date

Telephone Number

Email Address