

Tompkins County Department of Assessment

128 E Buffalo St Ithaca, NY 14850

Rev 7/03

400

<http://www.tompkins-co.org/assessment>

Ph: 274-5517 Fax: 274-5507

Income and Expense Questionnaire for the year of **2006**

(Confidential information - Not for Public Review - Not Subject to FOIL)

SAMPLE ONLY

Municipality: City of Ithaca Owner: John Doe Phone: 123-1234
 Tax Map Number: 1.-1-1 Manager: Jane Doe Phone: 234-2345
 Property Location: 123 Any Street Name of Est: The Brewer Complex
 (I.E. Eastside Mall)

Name of Business	Type of Business	Sq. Ft Rented Area	\$ Rent/Sq Ft	Monthly Rent	Annual Rent	Vacancy Percent
K.D. Accounting	Accounting office	960	11		10560	3%
NY Ballet Studio	Ballet School	2000		3000	36000	5%
Pete's Jewelry	Retail				21600	0
Time-out	Sports bar				11900	0
Elegant Events	Catering				4000	10%
The Hair Lair	Beauty Salon	600		1200	14400	5%
The Magic Flute	M. Instrument Retail	350			owner occupied	0

To provide apartment **income** information, please use the appropriate form enclosed - **expenses** should be included below on this sheet.

Total Annual Rent: _____

Other Income:

Parking/garage # of spaces: 32 Rent/Year \$ included in rent
 Laundry (coin op) Income/Year \$

Total Other Income: \$0

Operating Expenses for the entire building - including all uses (Tenant or Owner - Please circle one):

Insurance: <u>T</u> - <u>O</u> \$ <u>6,000</u>	Exterior Maintenance: <u>T</u> - <u>O</u> \$ <u>9,200</u>
Real Estate Taxes: <u>T</u> - <u>O</u> <u>28,000</u>	Interior Maintenance: <u>T</u> - <u>O</u> <u>8,800</u>
Heat: <u>T</u> - <u>O</u> <u>4,600</u>	Management/office <u>O</u> <u>5,500</u>
Electric: <u>T</u> - <u>O</u> <u>3,300</u>	Reserves for replacement: <u>T</u> - <u>O</u> <u>4,000</u>
Water/Sewer: <u>T</u> - <u>O</u> <u>1,800</u>	Other (specify): <u>T</u> - <u>O</u> _____
Solid Waste: <u>T</u> - <u>O</u> <u>960</u>	

Total Operating Expenses: _____

Capital Improvements: \$28,000 heating and ventilating system update

Comments: Our rents are low, due to the lack of an elevator in the building.

Please use additional sheet if needed.

Signature

Date

Income and Expense Questionnaire for the year of 20__

(Confidential information - Not for Public Review - Not Subject to FOIL)

Municipality: _____ Owner: _____ Phone: _____
 Tax Map Number: _____ Manager: _____ Phone: _____
 Property Location: _____ Name of Est: _____
 (I.E. Eastside Mall)

Name of Business	Type of Business	Sq. Ft Rented Area	Rent/Sq Ft	Monthly Rent	Annual Rent	Vacancy Percent

To provide apartment **income** information, please use the appropriate form enclosed - **expenses** should be included below on this sheet.

Total Annual Rent: \$ _____

Other Income:

Parking/garage # of spaces _____ Rent/Year \$ _____
 Laundry (coin op) _____ Income/Year \$ _____

Total Other Income: \$ _____

Operating Expenses for the entire building - including all uses (Tenant or Owner - Please circle one):

Insurance: T - O \$ _____	Exterior Maintenance: T - O \$ _____
Real Estate Taxes: T - O \$ _____	Interior Maintenance: T - O \$ _____
Heat: T - O \$ _____	Management/office O \$ _____
Electric: T - O \$ _____	Reserves for replacement: T - O \$ _____
Water/Sewer: T - O \$ _____	Other (specify): T - O \$ _____
Solid Waste: T - O \$ _____	Debt service & R.E. tax expenses are accounted for in the cap rate

Total Operating Expenses: \$ _____

Capital Improvements: \$ _____

Comments:

Please use additional sheet if needed.

Signature

Date