REAL PROPERTY TAX AUDIT REPORT FORM
(#1572480 xl-5/2011)

BOROUGH _____ BLOCK _____ LOT(S) _____
ADDRESS _____
PETITIONER _____
ATTORNEY _____
TELEPHONE NO. _____
TAX YEARS UNDER REVIEW _____

CITY OF NEW YORK, OFFICE OF THE CORPORATION COUNSEL
TAX AND BANKRUPTCY LITIGATION DIVISION
100 CHURCH STREET
NEW YORK, NEW YORK 10007
TELEPHONE #: 212-788-0439
FACSIMILE #: 212-788-0450

CHECK ONE ☐ CASH BASIS ☐ ACCRUAL BASIS
☐ If actual assessment on property exceeds $500,000 in the first year covered by this cert, check here.

STATE OF NEW YORK
COUNTY OF : _____

PETITIONER'S CERTIFICATION
(Any changes made to this certification shall render it void)

_____, being duly sworn, says that (s)he is the _____ owner/lessee of the real property described in the attached audit forms; that the statements of income, expenses and other information set forth therein are true and accurate; that all information requested has been completed to the best of petitioner's ability and attached to this Certification unless otherwise noted, and that in making this affidavit (s)he knows the appropriate City agencies will rely thereon in connection with their review of the assessed valuation(s) of the real property described therein for the tax years under review.

Sworn to before me this _____
day of _____ 20 _____

_____
OWNER/LESSEE
(INDICATE IF PARTNER OR CORPORATE OFFICER AND STATE TITLE)

_____

PLEASE CHECK EACH BOX THAT APPLIES:

☐ Assessment Reductions sought to correct alleged violation of statutory assessment increase limitations (RPTL §1805).

☐ Misclassification/reclassification sought. If either, attach copies of documents filed with City agencies requesting said changes.

NOTES: COMPLETION OF THIS FORM DOES NOT PRECLUDE THE CITY FROM MAKING AN INDEPENDENT AUDIT OF THE PETITIONER'S BOOKS AND RECORDS.

THIS FORM IS TO BE USED FOR RESIDENTIAL, COMMERCIAL, AND OWNER-OCCUPIED PROPERTIES. THERE ARE INSTRUCTIONS FOR COMPLETION OF THIS FORM.
SUBMIT COMPLETE FORM. INDICATE "N/A" IF SECTION DOES NOT APPLY. THE ORIGINAL AND ONE COPY MUST BE SERVED.

ALL INCOME AND EXPENSES MUST BE REPORTED IN GROSS AMOUNTS. NET FIGURES ARE NOT ACCEPTABLE, ALL FIGURES IN THIS REPORT SHOULD BE ROUNDED OFF TO THE NEAREST DOLLAR.

WHERE THIS FORM PROVIDES THAT INFORMATION MAY BE ATTACHED IN A SUMMARY FORMAT, FULL COPIES OF SAID DOCUMENTATION MAY STILL BE REQUIRED TO BE PROVIDED AT A LATER DATE AND SHOULD BE MAINTAINED AND PRESERVED UNTIL DISPOSITION OF THE PROCEEDINGS UNDER REVIEW.

ANY INQUIRIES REGARDING THIS FORM OR INFORMATION REQUIRED BY IT SHOULD BE DIRECTED IN WRITING TO THE TAX AND BANKRUPTCY LITIGATION DIVISION, ROOM 5-236, 100 CHURCH STREET, NEW YORK, NEW YORK 10007.
TELEPHONE NO. (212) 788-0439

Borough _____ Block _____ Lot(s) _____

PROPERTY DESCRIPTION INFORMATION

SECTION A: GENERAL INFORMATION	
1. Number of Buildings:	10. Was property acquired along with other lots: ☐ YES ☐ NO
2. Year Built:[1]	11. Purchase/acquisition price: $
3. Total number of Units:	12. Contract of sale and closing statement attached:[2] ☐ YES ☐ NO
4. Number of Residential Units:	13. Real property Transfer Tax Return attached?[2] ☐ YES ☐ NO
5. Total number of Residential Rooms:	14 ☐ Check here if the property is subject to rent regulation. If yes, have any orders or determinations relating to the
6. Total number of Commercial Units:	subject property been issued from DHCR in any year under review herein? Yes ☐ No ☐
7. Total number of Stories:	15 ☐ Check here if the property is a utility property.
8. Total number of elevators:	16. Land area of property (in square feet):
9. Year of Purchase/acquisition:	17. Was an appraisal prepared which values the subject of property during the years under review or the two
	years immediately proceeding the first year under review.
	☐ YES ☐ NO If "YES", indicate reconciled value conclusion of appraisal $_____.

SECTION B: Complete the following. Provide approximate gross square footage for each of the following uses, by the location in the property

	A. # Units	B. Outdoor Space	C. Basement	D. First Floor	E. Second Floor	F. Third Floor and Above - Highest Floor is #:	
18. Residential:							
19. Office:							
20. Retail:							
21. Loft:							
22. Factory:							
23. Warehouse:							
24. Storage:							
25. Garage/Parking:							
26. Hotel:							
27. Other:							
28. Other:							
TOTAL GROSS SQ. FT.							

[1] IF BUILDING WAS CONSTRUCTED WITHIN TWO (2) YEARS OF THE FIRST YEAR UNDER REVIEW, A SCHEDULE OF CONSTRUCTION COST IS REQUIRED

[2] IF ANY SALE OR CONVEYANCE OF THE SUBJECT PROPERTY OCCURRED WITHIN TWO (2) YEARS OF ANY YEAR UNDER REVIEW, A CONTRACT OF SALE & CLOSING STATEMENT SETTING FORTH THE DETAILS OF THE TRANSACTION ALONG WITH REAL PROPERTY TRANSFER TAX RETURN MUST BE ATTACHED TO THIS SECTION. INDICATE IF PARTIES ARE RELATED OR AFFILIATED.

Borough _____ Block _____ Lot(s) _____

SECTION C - TO BE COMPLETED ONLY IF THE PROPERTY IS A COOPERATIVE OR CONDOMINIUM

29. Indicate the Property Type: ☐ COOPERATIVE ☐ CONDOMINIUM

	The Year is:		The Year is:		The Year is:		The Year is:		The Year is:	
	# of Units	Monthly Income ($)	# of Units	Monthly Income ($)	# of Units	Monthly Income ($)	# of Units	Monthly Income ($)	# of Units	Monthly Income ($)
30. Unsold Occupied Units:										
31. Commercial Units that are Leased:										
32. Commercial Units Owned and Occupied by a Cooperative or Condominium Owner (enter # units only):										

Check "YES" or "NO" to the following questions:

33. Is Electricity separately metered to each unit ☐ YES ☐ NO

34. Is Electricity separately billed to any units ☐ YES ☐ NO

35. Is cable television billed to unit owners by cooperative or condominium? ☐ YES ☐ NO

36. If the property has been converted to a cooperative from a residential building, does the sponsor still retain an interest in commercial leases at the subject property?
☐ YES ☐ NO

SECTION D: LEASE/OWNER OCCUPANCY INFORMATION

37. Is any part of the property subject to a net lease? ☐ YES ☐ NO

38. Is there a ground lease on the property? ☐ YES ☐ NO

If "YES", Indicate the term of the ground lease. **From:** _____ **To:** _____

39. Owner Occupancy: Is any part of the property owner-occupied? ☐ YES ☐ NO

40. Did a rent strike affect the subject property during any year in review? ☐ YES ☐ NO

If "YES", provide details on separate page along with any orders issued by the court.

Borough _____ Block _____ Lot(s) _____

SECTION E: EXEMPTION/ABATEMENT INFORMATION

If the subject property benefited from any real estate tax exemptions/abatements during the years under review, complete this section. If not, check "No exemptions/Not Applicable."

EXEMPTION/ABATEMENT TYPE	A. Year Starting	B. Year Ending	C. Benefit Schedule by Year (example: 100% thru year 11 reduced by 20% years 12-15)
41. J 51:			
42. ICIP:			
43. ICAP:			
44. Other: (Specify)			
45. Other: (Specify)			
☐ No Exemptions/Not Applicable			

☐ Check here and complete (a)-(g) below relative to the property as a whole and the taxable portion if petitioner is disputing the calculation of a partial exemption.

	Property as a Whole	Taxable Portion
a. Tentative actual assessment	$ _____	$ _____
b. Applicant's estimate of market value	$ _____	$ _____
c. Requested assessment = line b x 6% or 45% assessment ratio	$ _____	$ _____
d. Market value of land as if unimproved (if relevant)	$ _____	$ _____
f. Market value added by construction or alteration during past two years	$ _____	$ _____

(g) Information in support of market value estimate:

Borough _____ Block _____ Lot(s) _____

SECTION F: INSURANCE INFORMATION

In effect on taxable status date of each year covered by the Real Property Tax Audit Report Form

TYPE OF COVERAGE	PAID BY LANDLORD OR TENANT	$ REIMBURSED BY TENANT	NAME OF COMPANY	TERM		AMOUNT OF COVERAGE	ANNUAL PREMIUM
				FROM	TO		
Fire - Building							
Loss of Rents							
Boiler							
Liability							
Others (List Separately and							

if any of the policies listed above cover more than one property, attach details including listing of properties covered).

SECTION G: MORTGAGE INFORMATION (LIST ALL MORTGAGES SEPARATELY)

	FIRST	SECOND	THIRD
Name of Mortgagee			
Original Date of Mortgage			
Original Amount of Mortgage			
Last Refinancing Date of Mortgage			
Dollar Amount Refinanced			
Rate of Interest			
Balance of Mortgage at Ending Date of Due Date			

Borough _____ Block _____ Lot(s) _____

SECTION "H" STATEMENT OF INCOME FOR YEAR LISTED. VACANCY FIGURES SHOULD BE AS OF TAXABLE STATUS DATE.

(ADD ADDITIONAL PAGES IF CERTIFICATION BEING SUBMITTED COVERS MORE THEN FOUR YEARS)

☐ CHECK HERE IF VACANCY SCHEDULE IS ATTACHED. YEAR: START DATE THROUGH END DATE (IF YEAR IS OTHER THAN CALENDAR YEAR)

RENTAL INCOME:	FOR YEAR OF:				FOR YEAR OF:				FOR YEAR OF:				FOR YEAR OF:			
Base Rents	$	Vacant Sq. Ft.	# Vacant Units	Owner Occpd. Sq. Ft.	$	Vacant Sq. Ft.	# Vacant Units	Owner Occpd. Sq. Ft.	$	Vacant Sq. Ft.	# Vacant Units	Owner Occpd. Sq. Ft.	$	Vacant Sq. Ft.	# Vacant Units	Owner Occpd. Sq. Ft.
Apartments																
Senior Citizen Tax Abatement[3]																
Stores																
Garages																
Offices																
Lofts / Warehouse / Factory																
Other Income (list and identify)																
(Vacancies)[4]																
(Allowances)																
Percentage Rents																
Real Estate Tax																
Operating Escalations																
Sale of Utility Services																
Sale of Other Services																
Government Rent																
Cell Towers																
Signage/Billboard																
Other Income:																
Air Conditioning																
Electricity																
Gas																
Water																
Laundry Machines																
Vending Machines																
Interest																
Sundry (list and identify)																
Income not listed above. (indicate Type)																
Total Income																

[3] PLEASE IDENTIFY APARTMENTS OCCUPIED BY SENIOR CITIZENS AND INDICATE IF RENTS REPORTED ARE NET OR GROSS OF SCRIE

[4] REPORT ONLY IF RENTAL INCOME IS REPORTED GROSS OR ACCRUAL BASIS

Borough _____ Block _____ Lot(s) _____

STATEMENT OF EXPENSES SECTION "I"
(ADD ADDITIONAL PAGES IF CERTIFICATION BEING SUBMITTED COVERS MORE THEN FOUR YEARS)

EXPENSES:	FOR YEAR OF:	FOR YEAR OF:	FOR YEAR OF:	FOR YEAR OF:
Payroll - Building Employee				
Payroll Taxes - Building Employees				
Payroll - Clerical				
Payroll - Officers' or Partners' Salaries				
Payroll Taxes - Clerical				
Payroll Taxes Officers or Partners				
Union Pension and Welfare Fund				
Security Expense				
Other Employee Benefits				
Bad Debt Expense (if accrual method used)				
Management (Not shown above)				
Leasing Commissions				
Other Renting Expenses				
a.				
b.				
Advertising				
Telephone				
Amortized Leasing and Tenant Improvement Costs. If Tenant Improvements are claimed, attach chart and check here ☐ or itemize below				
a.				
b.				
c.				
d.				
Major Capital Improvements [5]				
Other Administrative Expenses (list and identify)				

[5] PROVIDE SEPARATE SHEET LISTING DESCRIPTION OF IMPROVEMENT, DATE OF EXPENDITURE, AND AMOUNT EXPENDED

Borough _____ Block _____ Lot(s) _____

STATEMENT OF EXPENSES SECTION "I"
(ADD ADDITIONAL PAGES IF CERTIFICATION BEING SUBMITTED COVERS MORE THEN FOUR YEARS)

EXPENSES CONTINUED:	FOR YEAR OF:	FOR YEAR OF:	FOR YEAR OF:	FOR YEAR OF:
Painting - Apartments				
-Office or Loft				
-Halls, Public Areas & Exterior				
Boiler/Burner				
Electrical				
Elevator				
Carpentry				
Kitchen Cabinets, Bath Tubs, Sinks, etc.				
Mason and Cement				
Plumbing				
Refrigerators, Stoves and Other Appliances				
Air Conditioners				
Roofing and Waterproofing				
Supplies				
Other Repairs (list and identify)				
a.				
b.				
c.				
Electricity and Gas				
Fuel				
Water and Sewer				
Insurance				
Uniforms				
Exterminating				
Rubbish Removal				

Borough _____ Block _____ Lot(s) _____

STATEMENT OF EXPENSES SECTION "I"
(ADD ADDITIONAL PAGES IF CERTIFICATION BEING SUBMITTED COVERS MORE THEN FOUR YEARS)

EXPENSES CONTINUED:	FOR YEAR OF:	FOR YEAR OF:	FOR YEAR OF:	FOR YEAR OF:
Depreciation				
Mortgage Expenses				
Interest on Mortgage				
Other Expense				
Real Estate Taxes (GROSS)				
N.Y.S. Franchise Tax				
N.Y.C. General Corporation Tax				
Vault Tax				
Other Taxes (list and identify)				
a.				
b.				
c.				
d.				
Other Expenses (list and identify)				
a.				
b.				
c.				
d.				
e.				
f.				
g.				
h.				
i.				
j.				
TOTAL EXPENSES				

Borough _____ Block _____ Lot(s) _____

SECTION J COMMERCIAL LEASE INFORMATION

Complete Section J for stores, lofts, office space or other commercial tenants

ATTACH SEPARATE CHART FOR EACH YEAR UNDER REVIEW

FOR THE YEAR OF: _____

☐ A RENT ROLL FOR EACH YEAR UNDER REVIEW IS ATTACHED. LIST BELOW ANY TERMS NOT INCLUDED ON RENT ROLL(S) OR INCLUDE LEASE ABSTRACT WHICH CONTAINS TERMS LISTED BELOW

SPACE I.D.	NAME OF TENANT	TERM OF LEASE		ANNUAL RENTAL	SQUARE FOOT AREAS	ESCALATION				OTHER PAYMENTS MADE BY TENANT [6]			OTHER CLAUSES [7]
		FROM	TO			REAL ESTATE		OPERATING		TYPE	%	BASE YEAR	
						Tax Esc. %	Base Year	Exp Esc %	Base Year				

[6] DESCRIBE PERCENTAGE RENTAL, DUE FROM TENANT OR ANY OTHER PAYMENTS TO BE MADE BY TENANT SUCH AS ELECTRICITY, WATER, ETC.

[7] INDICATE PURPOSE/TYPE OF CLAUSE/PERCENT RENT OR OTHER APPLICABLE TERM SUCG AS ANY "FREE RENT" PERIOD

Borough _____ Block _____ Lot(s) _____

SECTION K: RESIDENTIAL LEASE INFORMATION

(SUBMIT SEPARATE CHART FOR EACH YEAR UNDER REVIEW)

RENT INFORMATION AS OF January 5th of the Year _____

COMPLETE CHART BELOW OR ATTACH RESIDENTIAL RENT ROLLS

☐ A RENT ROLL FOR EACH YEAR UNDER REVIEW IS ATTACHED. LIST BELOW ANY TERMS NOT INCLUDED ON RENT ROLL(S)

☐ ARE THERE SUBLEASES AFFECTING THE SUBJECT PROPERTY? If so, identify and list below or attach schedule

APT #	NAME OF TENANT	IS RENT REGULATED? (Y/N)	IS LOT VACANT ON JANUARY 5 FOR THE YEAR? (Y/N)	CONTRACT RENT	IS PREFERENTIAL RENT [8] PAID/CLAIMED? (Y/N)	LEASE TERM START	LEASE TERM END	DOES THE SUPERINTENDENT OR OWNER OCCUPY THIS APT.? (Y/N)
TOTALS								

[8] A PREFERENTIAL RENT IS A RENT WHICH AN OWNER AGREES TO CHARGE THAT IS LOWER THAN THE LEGAL REGULATED RENT THAT THE OWNER COULD OTHERWISE LAWFULLY COLLECT.

Borough _____ Block _____ Lot(s) _____

SECTION L: WEEKLY PAYROLL ANALYSIS

SUBMIT PAYROLL INFORMATION AS SHOWN ABOVE FOR THE SECOND WEEK IN JANUARY OF EACH YEAR. IF ANY EMPLOYEE DOES NOT WORK EXCLUSIVELY AT THE SUBJECT PROPERTY, INDICATE WHICH EMPLOYEE(S) WITH AN ASTERISK (*).

BUILDING EMPLOYEES	JANUARY OF THE YEAR:		JANUARY OF THE YEAR:		JANUARY OF THE YEAR:		JANUARY OF THE YEAR:	
	Number of Employees	TOTAL GROSS SALARY	Number of Employees	TOTAL GROSS SALARY	Number of Employees	TOTAL GROSS SALARY	Number of Employees	TOTAL GROSS SALARY
Superintendent								
Porter								
Elevator Operator								
Handyman								
Others (list separately)								
Total Number of Employees								
Total Regular Wages								
Add: Total Overtime								
TOTAL WEEKLY WAGES								

Borough _____ Block _____ Lot(s) _____

SECTION M - TO BE COMPLETED ONLY IF THE PROPERTY IS A HOTEL OR MOTEL*

46. Name of Hotel or Motel:

a. Is the hotel managed by an entity that is unrelated to the filer? ☐ YES ☐ NO

b. Does any individual, business or institutional user of hotel rooms have proprietary rights to use the rooms? ☐ YES ☐ NO

c. If "YES," describe:

47. Total # of Rooms: _____

a. # of Transient Rooms: _____

b. # of Permanent Rooms: _____

c. # of Keys: _____

d. Occupancy Rate for Year: _____

48. Reporting Year: From: _____ to _____ Accounting Basis: ☐ CASH ☐ ACCRUAL

49. ROOM RATES (RACK RATES) AS OF: 12/31/ _____

Room Type	Number of Each	Single Rate (4)	Double Rate ($)

50. RENTAL TENANTS USE AND NUMBER OF UNITS	FLOOR NUMBERS	GROSS FLOOR AREA (SQ. FT.)	TOTAL INCOME FOR YEAR:
Apartments			$
Stores			$
Restaurants			$
Offices			$
Garage			$
Other (specify)			$
			$
			$
Signage/Billboard			$
Cell Towers/Telecom Equipment			$
TOTALS			$ _____

*A completed TC 208 may be attached for each year covered by this certification in lieu of completing this schedule.

Borough _____ Block _____ Lot(s) _____

Answer the following questions YES or NO. For Questions answered yes, provide details below:

Was there any vacancy or change in tenancy in the nonresidential rental space during the reporting year? ☐ YES ☐ NO

Were any residential apartments vacant for 90 days or more during the reporting year? ☐ YES ☐ NO

Is any space leased to persons related to hotel operator? ☐ YES ☐ NO

If yes, are the receipts from that space reported in question #50 figures? ☐ YES ☐ NO (List tenants and amounts reported below).

Detailed answers:

51. INCOME (to be completed in lieu of Section H)	**IN THE YEAR:**
A. Departmental Income	
a. Rooms	
b. Food and Beverage	
c. Telephone	
d. Conferences and Exhibits	
e. Parking	
f. Other Departments:	
Total Departmental Income	
Total Operating Income (51A + 50)	
C. Other Income	
a.	
b.	
c.	
TOTAL INCOME (51A + 50 + 51C)	
52. EXPENSES (to be completed in lieu of Section I)	
A. Departmental expenses	
a. Rooms	
b. Food and Beverage	
c. Telephone	
d. Other Departments:	
Total Departmental Expenses (52A a-d)	

Borough _____ Block _____ Lot(s) _____

B. Undistributed operating expenses	
a. Administrative and general	
b. Marketing	
c. Management Fee	
d. Franchise fee	
e. Energy	
f. Property Maintenance	
g. Insurance	
h. Other operating expenses	
Total undistributed operating expenses (52B a-h)	
Total Operating Expenses (52A + 52B)	
C. Financial and Other Expenses:	
Real estate rent expense	
Real estate taxes	
TOTAL EXPENSES (52A + 52B + 52C)	
53. RECAPITULATION	
Net Departmental Income (51A - 52A)	
Net Operating Income (51A + 50 -52A - 52B)	

54. FURNITURE, FIXTURES AND EQUIPMENT (FF&E) USED IN HOTEL OPERATIONS:

Is there a reserve for FF & E?	☐ YES ☐ NO	Contribution to reserve in reporting year	$ _____
Cost of items purchased in reporting year	$ _____	Book cost of all FF & E at year end	$ _____
Depreciation of FF & E for reporting year	$ _____	Book cost, less accumulated depreciation	$ _____

Borough _____ Block _____ Lot(s) _____

SECTION N: TO BE COMPLETED IF THE PROPERTY CONTAINS ANY PARKING-RELATED SPACE				
Rates as of January 5 of the reporting year, IF form covers more than one tax year additional years may be reported below or on a separate chart.				
55. Outdoor Parking Information	For Year:	For Year:	For Year:	For Year:
a. Number of Outdoor Parking Spaces				
b. Monthly Rate Per Space:	$	$	$	$
c. Hourly Rate per Space:	$	$	$	$
d. Total Square Footage of Parking Space				

56. Indoor Parking Information:	For Year:	For Year:	For Year:	For Year:
a. Number of Indoor Parking Spaces:				
b. Monthly Rate per Space	$	$	$	$
c. Hourly Rate per Space	$	$	$	$

SECTION O: TO BE COMPLETED IF THE PROPERTY IS A THEATER

57. # of Theater Seats: _____

58. Is any part of the property subject to a net lease? _____ ☐ YES ☐ NO

59. Is there a ground lease on the property? _____ ☐ YES ☐ NO

If "YES," indicate the term of the ground lease From _____ To _____

60. Owner Occupancy: Is any part of this property owner-occupied? _____ ☐ YES ☐ NO

If "YES," answer a and b below

a. Percentage that is owner occupied _____ %

b. Gross square footage that is owner-occupied: _____ sq. ft.

Borough _____ Block _____ Lot(s) _____

SECTION P: INCOME FROM BUSINESS.

Do not list any negative figures.

Business Type		Income $	Income $	Income $	Income $
		For Year:	For Year:	For Year:	For Year:
61. Merchandise					
62. Food and Beverage					
63					
64					
65					
66					
67. Department Store Sales					
68					
a. Gross Department Store Sales					
b. Returns and Refunds					
c. Leased Departments					
d. Net Department Store Sales					
Total Income from Business					