



REAL PROPERTY TAX AUDIT REPORT FORM

(#1572480 10/2011)

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 #: 212-356-2141

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) 356-2141

PROPERTY DESCRIPTION INFORMATION

SECTION A: GENERAL INFORMATION

| | |
|---------------------------------------|---|
| 1. Number of Buildings: | 10. Was property acquired along with other lots: <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 2. Year Built: ¹ | 11. Purchase/acquisition price: \$ |
| 3. Total number of Units: | 12. Contract of sale and closing statement attached: ² <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 4. Number of Residential Units: | 13. Real property Transfer Tax Return attached? ² <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 5. Total number of Residential Rooms: | 14 <input type="checkbox"/> Check here if the property is subject to rent regulation. If yes, have any orders or determinations relating to the subject property been issued from DHCR in any year under review herein? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 6. Total number of Commercial Units: | |
| 7. Total number of Stories: | 15 <input type="checkbox"/> 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. <input type="checkbox"/> YES <input type="checkbox"/> 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.

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 | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| 34. Is Electricity separately billed to any units | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| 35. Is cable television billed to unit owners by cooperative or condominium? | <input type="checkbox"/> YES | <input type="checkbox"/> 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? | | | |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | | |

SECTION D: LEASE/OWNER OCCUPANCY INFORMATION

| | | |
|---|------------------------------|-----------------------------|
| 37. Is any part of the property subject to a net lease? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 38. Is there a ground lease on the property? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| If "YES", Indicate the term of the ground lease. | From: _____ | To: _____ |
| 39. Owner Occupancy: Is any part of the property owner-occupied? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 40. Did a rent strike affect the subject property during any year in review? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| If "YES", provide details on separate page along with any orders issued by the court. | | |

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) | | | |
| <input type="checkbox"/> 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:

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 | | | |

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: | | | |
|---|--------------|----------------|----------------|----------------------|--------------|----------------|----------------|----------------------|--------------|----------------|----------------|----------------------|--------------|----------------|----------------|----------------------|
| | \$ | 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. |
| Base Rents | | | | | | | | | | | | | | | | |
| 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

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

Page 1 of 3

| 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 <input type="checkbox"/> 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

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

Page 2 of 3

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

Page 3 of 3

| 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 | | | | |

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 | | | | |
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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 SUCH AS ANY "FREE RENT" PERIOD

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) |
|---------------|----------------|-----------------------------|--|---------------|---|------------------|----------------|---|
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| 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.

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) | | | | | | | | |
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| | | | | | | | | |
| Total Number of Employees | | | | | | | | |
| Total Regular Wages | | | | | | | | |
| Add: Total Overtime | | | | | | | | |
| TOTAL WEEKLY WAGES | | | | | | | | |

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.

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) | |

| | |
|---|--|
| 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? <input type="checkbox"/> YES <input type="checkbox"/> 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 \$ _____ |

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.

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 | | | | |