

Instructions:

In addition to completing the First-Level Review Request form, income-producing properties must also submit income and expense forms. The Office and Commercial Income & Expense form is three (3) pages total: 'Office & Commercial Expenses' (tab 1) and 'Office & Commercial Rent/Leasing Roll' (tab 2). Please note: the forms must be completed/printed for **2023 AND 2024**.

The field highlighted in yellow is where you can indicate which year the form is for; replace the 'xx' with '23' (for 2023) or '24' (for 2024).



CITY OF PHILADELPHIA
OFFICE OF PROPERTY ASSESSMENT
OFFICE AND COMMERCIAL PROPERTY UPDATE

601 Walnut Street - Suite 300 West
Philadelphia, PA 19106

OPA ACCOUNT NUMBER _____

OPERATING EXPENSES FOR: JANUARY TO DECEMBER 20XX

BUILDING NAME

BUILDING ADDRESS

CONTACT NAME AND PHONE NUMBER

OWNER NAME

MANAGEMENT AND ADMINISTRATION

**(PAID BY OWNER/TENANT
CIRCLE ONE)**

MANAGEMENT FEES

OWNER TENANT

\$ _____

ADVERTISING

OWNER TENANT

\$ _____

OTHER ADMINISTRATION/PAYROLL

OWNER TENANT

\$ _____

TOTAL

\$ _____

UTILITIES

WATER AND SEWER

OWNER TENANT

\$ _____

ELECTRICITY

OWNER TENANT

\$ _____

GAS

OWNER TENANT

\$ _____

OPA Account # _____

PAGE 2 OF 3

REPAIRS AND MAINTENANCE

MAINTENANCE PAYROLL/SUPPLIES	OWNER	TENANT	\$ _____
HVAC REPAIRS	OWNER	TENANT	\$ _____
ELECTRICITY/PLUMBING REPAIRS	OWNER	TENANT	\$ _____
ELEVATOR REPAIRS	OWNER	TENANT	\$ _____
EXTERIOR REPAIRS			\$ _____
COMMON AREA MAINTENANCE			\$ _____
INTERIOR COMMON AREA SIZE			_____
OTHER REPAIRS (EXPLAIN)	OWNER	TENANT	\$ _____
TOTAL			\$ _____

SERVICES

JANITORIAL/CLEANING	OWNER	TENANT	\$ _____
LANDSCAPING/GROUNDS MAINTENANCE	OWNER	TENANT	\$ _____
SNOW REMOVAL	OWNER	TENANT	\$ _____
TRASH	OWNER	TENANT	\$ _____
OTHER	OWNER	TENANT	\$ _____
TOTAL			_____

MISCELLANEOUS

MISCELLANEOUS EXPENSES	OWNER	TENANT	\$ _____
(EXPLAIN ON NEXT PAGE)			

LINE

ADDITIONAL EXPLANATION

_____	_____
_____	_____
_____	_____
_____	_____

FIXED EXPENSES

INSURANCE	\$ _____
MISCELLANEOUS TAXES	\$ _____
OTHER	\$ _____
TOTAL	\$ _____

CAPITAL IMPROVEMENTS/RENOVATIONS

ATTACH COSTS AND DETAILS	\$ _____
--------------------------	----------

I acknowledge that the information is true and correct to the best of my knowledge

Name

Title

Signature

Date

[illegible][illegible]

BUILDING ADDRESS

OPA ACCOUNT NUMBER

RECENT SALE	YES	NO
-------------	-----	----

SALE DATE _____

SALE AMOUNT \$_____

YEAR BUILT _____

YEAR RENOVATED/VALUE OF RENOVATIONS _____

OWNER/AGENT'S NAME _____

ADDRESS/PHONE/EMAIL: _____

GROSS BUILDING AREA: _____

NET RENTABLE AREA: _____

OFFICE SF: _____ RETAIL SF: _____ BELOW GRADE LEASABLE: _____ STORAGE : _____ # PKG SPACES _____

PKG SPACES

INDOOR PARKING _____

OUTDOOR PARKING _____

TENANT	USE	FLOOR	AREA/SF	BASE RENT	AMORTIZED CONCESSIONS	LEASE START DATE	TERM	OP EXP PASS-THRU	RE TAX PASS-THRU	EXPENSES TENANT PAYS	LEASE COMM RATE	RENEWAL OPTION: NUMBER YRS
--------	-----	-------	---------	-----------	-----------------------	------------------	------	------------------	------------------	----------------------	-----------------	----------------------------

[illegible]

VACANT SF 0
VACANT OFFICE SF _____
VACANT RETAIL SF _____
OF MONTHS VACANT _____
TOTAL RENT \$ -
TENANT IMPROVEMENTS \$ -
REIMBURSEMENT INCOME (EXCL R.E. TAX REIMB.) \$ -