Instructions:

In addition to completing the First-Level Review Request form, income-producing properties must also submit income and expense forms. Please note, a Hotel **Income & Expense Form** (next tab) must be completed and 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 HOSPITALITY UPDATE - JANUARY-E

JANUARY-DECEMBER 20XX

601 Walnut Street - Suite 300 West Philadelphia, PA 19106

#### **OPA ACCOUNT #**

#### ADDRESS

#### HOTEL NAME

#### CONTACT INFORMATION NAME ADDRESS PHONE NUMBER/EMAIL/FAX

#### **OWNERSHIP INFORMATION**

## YEAR BUILT YEAR RENOVATED

## TOTAL NUMBER OF ROOMS HOTEL CLASS

## (YES/NO)

| MEETING/CONFERENCE SPACE |  |
|--------------------------|--|
| POOL                     |  |
| HEALTH CLUB              |  |
| BANQUET SPACE            |  |
| RETAIL                   |  |
| PARKING                  |  |
| # OF PARKING SPACES      |  |

OTHER

| C                      | CONFIDENTIAL | PAGE 1 OF 3                       |
|------------------------|--------------|-----------------------------------|
| OPA Account #          |              |                                   |
|                        |              | This should be from actual income |
| TOTAL ROOM REVENUE     |              | \$                                |
| FOOD & BEVERAGE        |              | \$                                |
| PARKING SLOTS/GARAGE   |              | \$                                |
| OTHER INCOME           |              | \$                                |
| AVERAGE OCCUPANCY      |              |                                   |
| AVERAGE DAILY RATE     |              | \$                                |
| REV PAR                |              | \$                                |
| FRANCHISE FEE          |              | \$                                |
| MANAGEMENT FEE         |              | \$                                |
| <b>RESERVATION FEE</b> |              | \$                                |
| LEASED AREAS           |              |                                   |
| OFFICE                 |              | \$                                |
| RETAIL                 |              | \$<br>\$                          |
| OTHER                  |              | <u>\$</u>                         |
| OPERATING EXPENSES     |              |                                   |
| ADMINSTRATION/MA       | ANAGEMENT    | \$                                |
| PROPERTY OPERATIO      |              | \$<br>\$<br>\$                    |
| UTILITIES              |              | \$                                |

MARKETING

OTHER

\$ \$ \$ \$

|                      | CONFIDENTIAL | PAGE 2 OF 3 |
|----------------------|--------------|-------------|
| OPA Account #        |              |             |
| FIXED EXPENSES       |              |             |
| INSURANCE            |              | \$          |
| LOCAL TAXES/FEE      | S            | \$          |
| BUSINESS LICENSI     | E            | \$          |
| OTHER                |              | \$          |
| RESERVES FOR REPLACE | MENT         |             |
| YEARLY               |              | \$          |
| CAPITAL RENOVATIONS  |              |             |
| PRESENT              |              | \$          |
| FUTURE               |              | \$          |
|                      |              |             |

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

Name

Title

Signature

Date

All information submitted will be properly secured and treated as confidential to the fullest extent permitted by law.

PAGE 3 OF 3