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		\$
RESERVATION FEE		\$
LEASED AREAS		
OFFICE		\$
RETAIL		\$ \$
OTHER		<u>\$</u>
OPERATING EXPENSES		
ADMINSTRATION/MA	ANAGEMENT	\$
PROPERTY OPERATIO		\$ \$ \$
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