

HOSPITALITY INCOME AND EXPENSE FORM

Hotels • Bed & Breakfasts (B&Bs) • Commercial Short-Term Rentals

Account #

Year

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

1 PROPERTY INFORMATION

Property Address

Property / Business Name

Email Address

2 CONTACT INFORMATION

Contact Name

Phone

Contact Email Address

Preferred Method of Contact

- ☐ Email
☐ Phone
☐ Mail

3 PROPERTY CHARACTERISTICS

Property Type: ☐ Hotel ☐ Motel ☐ B&B ☐ Commercial STR ☐ Other

Year Built

Year Renovated

Total Rooms/Units

Parking Spaces

4 INCOME INFORMATION

INCOME TYPE

ANNUAL

Room Revenue

Food & Beverage Revenue

Meeting / Event Revenue

Other Hospitality Revenue

ADR (Average Daily Rate)

Average Occupancy (%)

RevPar

5 EXPENSE INFORMATION

EXPENSE TYPE

ANNUAL

Franchise Fee

Management Fee

Reservation Fee

Repairs & Maintenance

Utilities

Marketing

Insurance

Other (Specify)

6 RECENT RENOVATIONS

Has the property undergone any significant renovations or capital improvements within the last three (3) years?

☐ Yes ☐ No

If Yes, please complete the following:

Renovation Type

Renovation Cost

Renovation Year

7 ADDITIONAL INFORMATION (Optional)

Provide any additional information that may be relevant to the income/expense characteristics of the property.

8 CERTIFICATION

I acknowledge that the information provided is true and correct to the best of my knowledge and supporting documentation, including but not limited to leases, operating statements, listing agreements, rent rolls, income and expense statements, or other records, may be requested by the Office of Property Assessment to verify the information submitted.

Name (Please Print)

Title

Signature

9 ADDITIONAL DOCUMENT SUBMISSION

You may submit the following documents to support the information provided.

- ☐ STR Report (CoStar)
☐ USALI Form (Uniform System of Accounts for the Lodging Industry)

Documents can be provided with this form or submitted separately.