

INSTRUCTIONS FOR COMPLETING THE HOTEL INCOME & EXPENSE QUESTIONNAIRE FORM

The following instructions are provided to aid you in filling out this survey form. If you have questions, call 703-228-4806

OWNER OR AUTHORIZED AGENT CERTIFICATION

Certification of this information by the owner or authorized representative is required by state law (**Code of Virginia 58.1-3294**). A copy of this code will be provided upon request. Please print or type the name and title of the person certifying this information. Also provide the name, phone number, and email address of the person certifying this form so we may be able to contact them with potential questions about this information.

OWNERSHIP & MANAGEMENT INFORMATION

This section should be self-explanatory but please feel free to call 703-228-4806 with any questions.

GENERAL PROPERTY INFORMATION

This section should be self-explanatory but please feel free to call 703-228-4806 with any questions.

FURNITURE, FIXTURES, & EQUIPMENT

Historical Cost – Amount paid to acquire the furniture, fixture, and equipment.

Current value as of (date--/---) – Current value of the furniture, fixture, and equipment as of December 31 of the reporting period. (In other words, the amount paid for the furniture, fixture, and equipment less accumulated depreciation).

Replacement value – The amount that would have to be paid to replace the furniture, fixture, and equipment, at the present time, according to its current worth.

DEBT SERVICE INFORMATION

Please provide information regarding any loan placed upon this property within the last five (5) years. Please include any new loans or refinancing of the original debt. Our office is requesting this information to study financing trends for hotels and to determine typical debt coverage ratios amongst hotels. With this information our office may be able to determine if your property has an unusual financing arrangement.

PROFESSIONAL APPRAISAL INFORMATION

This section should be self-explanatory but please feel free to call 703-228-4806 with any questions.

GROUND RENT INFORMATION

If there is a ground lease, indicate the amount of the annual ground rent paid, indicate when the ground lease began, and indicate when the ground lease is set to expire.

INCOME INFORMATION

REVENUES

Rooms – Actual income from rental of rooms. This is not the gross potential income at 100% occupancy, but the actual gross rent received.

Food – Income from the sales of food and sundries.

Beverage – Income from the sale of beverages and sundries not included above.

Telephone – Income related to use of telephone services.

Rental – This includes rental income from conference rooms, retail shops/leases, rooftop antenna, etc. If there is a rental/retail lease on the property please list each tenant and list all rental income and the amount of space associated with each lease.

Parking – Income from parking.

Other Income – List any other additional sources of income not listed above. If listing income here, please explain where this other income comes from.

TOTAL REVENUES – Sum all the above sources of income.

EXPENSE INFORMATION

DEPARTMENTAL EXPENSES: These are costs necessary to maintain the production of income from operation of the property. They are day to day costs of providing services for the guest. Do not include under any expense category items such as ground rent, mortgage interest or amortization, depreciation, income taxes, or capital expenditures.

Rooms – Cost directly attributed to room upkeep. Such as Salaries & wages, payroll taxes & benefits, laundry, linen & guest supplies, commissions, reservation expense, contract cleaning, equipment leases, and other room expenses.

Food & Beverages – Costs directly attributed to providing meals and drinks. Such as Salaries & wages, payroll taxes & benefits, laundry, linen & guest supplies, China, glassware, silver & linen, contract cleaning, Cost of Goods (Food & Bev), equipment leases, and other operating costs.

Telephone – Costs of providing telephone service to guests. Such as telephone expenses and telephone leases.

Other Department Expenses – Additional departmental costs not listed above. If including these expenses, please explain what these expenses are for.

TOTAL DEPARTMENTAL EXPENSES – Sum of total room expenses, total food & beverage expenses, total telephone expenses, and total other departmental expenses.

UNDISTRIBUTED EXPENSES: These are expenses necessary to maintain the production of income from operation of the property. Do not include under any expense category items such as ground rent, mortgage interest or amortization, depreciation, income taxes, or capital expenditures.

Administrative and General - Includes such items as payroll & administrative, legal & accounting fees, and potentially other administrative expenses.

Management – Amount paid to a management company or self for operating the building. Do not count management expenses here if the same administrative costs are shown elsewhere. Include such items as base fee, incentive fee, and franchise fee as well as any other management fees.

Marketing - Cost of marketing the property locally and nationally. Includes such cost as:

Salaries, Wages, & Benefits – payroll expenses for marketing that's not included in the Administrative and General payroll list above.

Advertising – Expenses paid for local and national marketing.

Other expenses – Other marketing expenses not covered elsewhere. If including these expenses, please explain what the expenses are for.

Property Operations & Maintenance – Expenses for repair and maintenance such as but not limited to:

Maintenance payroll – payroll expenses for maintenance staff not included elsewhere.

Supplies – expenses for maintenance supplies.

HVAC Repairs – Maintenance and repairs expense for heating, ventilating, and air-conditioning. Do not include capital repairs.

Electric Repairs - Maintenance and repairs expense for electrical systems.

Plumbing Repairs - Maintenance and repairs expense for plumbing systems.

Elevators Repairs & Maintenance - Maintenance and repairs expense for elevator repairs.

Exterior Repairs - Maintenance and repairs to the outside of the property not covered elsewhere. Do not include capital items.

Roof Repairs – Minor repair and routine maintenance expense of roof. **Do not enter cost to replace entire roof. Roof replacement is a capital expense.**

Pool Repairs – Minor repair and routine maintenance expenses related to pool(s). **Do not enter cost to replace entire pool as pool replacement is a capital expense.**

Miscellaneous Repairs - Maintenance and repairs expense not covered in another elsewhere. Do not include capital items.

Energy Costs – Expenses for the cost of energy to include:

Electricity – Cost of electricity services for this reporting period.

Gas – Cost of gas services for this reporting period.

Fuel Oil – Cost of fuel oil services for this reporting period.

Water & Sewer – Cost of water and sewer services for this reporting period.

Other Undistributed (unallocated) expenses - Other expenses not listed elsewhere. Do not include capital items. If listing other undistributed expenses, please explain what they are.

TOTAL UNDISTRIBUTED EXPENSES – Sum of total administrative and general expenses, total management expenses, total operations and maintenance expenses, total energy expenses, and other undistributed expenses.

TAXES & INSURANCE

Personal Property/Business tangible tax – Personal property/business tangible tax paid during the accounting period.

Business License – Cost of business license during the accounting period.

Property Insurance (Building) – Fire, Casualty Insurance (reporting period only). Some insurance policies are multi-year contracts so please include only the current accounting year's cost.

Property Insurance (Contents) - Fire, Casualty Insurance (reporting period only). Some insurance policies are multi-year contracts so please include only the current accounting year's cost.

RESERVE for REPLACEMENT – This figure is the annual amount reserved for all capital improvements to include replacement of furniture, fixtures, and equipment.

TOTAL EXPENSES – The sum of total departmental expenses plus total undistributed expenses, plus total taxes & insurance, plus reserves for replacement.

NET OPERATING INCOME – **For the purposes of this income and expense questionnaire, net operating income is total revenue minus total expenses. Net operating income is the income that's attributable to the property after all fixed expenses and operating expenses (including reserves for replacement) have been deducted but before any deductions are made for mortgage interest or depreciation.**

Real Estate Taxes – Amount paid in real estate taxes for this accounting period. This should reflect any adjustments made in the assessment for the period. **Do Not include personal property taxes.**

Capital Improvements/Renovations – Money spent on capital improvements during the accounting period.

Capital expenditures are investments in remodeling or replacements that materially add to the value of the property or appreciably prolong its economic life. Generally, expenditures on materials or equipment with a life of more than one year should be considered capital & included here. List on an attached sheet the items considered to be capital improvements. **Enter the total amount of the capital cost for this reporting period only**



*****CONFIDENTIAL*****

**ARLINGTON COUNTY, VIRGINIA
DEPARTMENT OF REAL ESTATE
ASSESSMENTS**
2100 CLARENDON BLVD, SUITE 502
ARLINGTON, VIRGINIA 22201
(703) 228-3920

E-mail: assessments@arlingtonva.us

Website: www.arlingtonva.us

Please complete and return this form to the above address by March 20th, 2026
Feel free to attach the most current operating statement to the questionnaire

HOTEL & MOTEL
INCOME & EXPENSE QUESTIONNAIRE

ALL INFORMATION REQUESTED IS PURSUANT TO THE CONSTITUTION OF VIRGINIA AND THE TAX CODE OF VIRGINIA AND ALL DATA FURNISHED WILL REMAIN CONFIDENTIAL IN ACCORDANCE WITH 58.1-3 OF THE CODE OF VIRGINIA. IF THERE IS WILLFUL FAILURE TO FURNISH STATEMENTS OF INCOME AND EXPENSES IN A TIMELY MANNER TO THE DIRECTOR, THE OWNER OF SUCH PARCEL OF REAL ESTATE SHALL BE DEEMED TO HAVE WAIVED HIS OR HER RIGHT IN ANY PROCEEDING CONTESTING THE ASSESSMENT TO UTILIZE SUCH INCOME AND EXPENSES AS EVIDENCE OF FAIR MARKET VALUE. (CODE OF VIRGINIA 15.2-716)

List all RPCs included in this statement (go to next if space is needed): _____

Accounting period: FROM: (Mo.) _____ (Yr.) _____ TO: (Mo.) _____ (Yr.) _____

Name of Project: _____

Property Address: _____

Name of Owner: _____

Management firm or agent: _____

Address: _____

Does the Management Company have an ownership interest in the property? _____

Explain: _____

Are there operating expenses paid to persons with an ownership interest? _____

Explain: _____

Note: Income and expense information provided will not be considered valid unless signed and dated by owner or officer of the corporation or an authorized agent as requested below.

IMPORTANT: Agents and property managers must attach express written authority in the form of a current year letter of authorization (LOA) from the owner to be able to sign this form.

ALL THE INFORMATION PROVIDED HEREIN HAS BEEN EXAMINED BY ME AND IS TRUE, CURRENT, AND COMPLETE, TO THE BEST OF MY KNOWLEDGE

Name: _____

Signed: _____

Title: _____

Company: _____

Telephone: _____

Email: _____

Date: _____

OWNERSHIP & MANAGEMENT INFORMATION

What is your "trading as" name that is reported on your business license? _____
Is the hotel owned by a national hotel chain? _____
If so, is the hotel operated and managed by this company? _____
If not owned by national chain, what is name of owner? _____

GENERAL PROPERTY INFORMATION

Total number of rooms: _____
Is there a restaurant on site? If so, how many? _____
Square footage of meeting and/or conference rooms: _____
When did room renovations last take place? _____
When did common area renovations last take place? _____
Average daily room rate achieved for the accounting period: _____
Percentage of occupancy achieved for the accounting period: _____
Projected average daily room rate for next accounting period: _____
Projected occupancy for next accounting period: _____

FURNITURE, FIXTURES, & EQUIPMENT

Historical cost: \$ _____
Current value as of ____/____/____: \$ _____
Replacement value: \$ _____

How are reserves for replacement calculated? _____

How is the management fee calculated? _____

How is the franchise fee calculated? _____

DEBT SERVICE INFORMATION (within the last five (5) years)

Loan amount: _____
Loan date: _____
Loan term: _____
Interest rate: _____
Payment (P&I): _____
Payment frequency (month or year): _____

PROFESSIONAL APPRAISAL INFORMATION (within the last five (5) years)

Has there been a professional appraisal performed on this real property within the last five (5) years? _____

ANNUAL GROUND RENT (fill out if applicable)

List annual ground rent paid: _____
Ground rent date of lease inception: _____
Ground rent end date of lease: _____

INCOME & EXPENSE INFORMATION

REVENUES

I 01 Rooms.....
I 02 Food.....
I 03 Beverage.....
I 04 Telephone.....
I 05 Parking.....
I 06 Rental.....
I 07 Other income.....
Other income explanation: _____

TOTAL REVENUES \$ 0.00

EXPENSES

Departmental Expenses

Rooms

E 01 Salaries & wages.....
E 02 Payroll taxes & benefits.....
E 03 Laundry, linen, & guest supplies.....
E 04 Commissions.....
E 05 Reservation expenses.....
E 06 Contract cleaning.....
E 07 Equipment lease.....
E 08 Other room expenses.....
Explanation of other room expenses _____

SUBTOTAL OF ROOM EXPENSES:\$ 0.00

Food & Beverage

E 09 Salaries & wages.....
E 10 Payroll taxes & benefits.....
E 11 Laundry, linens, & guest supplies.....
E 12 China, glassware, silver, & linens.....
E 13 Contract cleaning.....
E 14 Cost of goods (food & beverages).....
E 15 Equipment Leases.....
E 16 Other operating costs.....
Explanation of other operating costs _____

SUB-TOTAL OF FOOD & BEVERAGE EXPENSES \$ 0.00

Telephone

E 17 Telephone expenses.....
E 18 Telephone leases.....
SUB-TOTAL OF TELEPHONE\$ 0.00

Other Departmental Expenses

E 19 Other departmental expenses.....
Explanation of other departmental expenses.... _____

SUB-TOTAL OF OTHER DEPARTMENTAL EXPENSES \$ 0.00
TOTAL DEPARTMENTAL EXPENSES \$ 0.00

Undistributed Operating Expenses

Administrative & General

E 20 Payroll & administration..... _____
E 21 Legal & accounting fees..... _____
E 22 Other administrative expenses..... _____
Explanation of other administrative expenses _____

SUB-TOTAL ADMINISTRATIVE & GENERAL EXPENSES \$ _____ 0.00

Management

E 23 Base fee..... _____
E 24 Incentive fee..... _____
E 25 Franchise fee..... _____
E 26 Other fees..... _____
Explanation of other fees _____

SUB-TOTAL MANAGEMENT EXPENSES..... 0.00

MARKETING

E 27 Salaries, wages, & benefits..... _____
E 28 Advertising..... _____
E 29 Other marketing expenses..... _____
Explanation of other marketing expenses _____

SUB-TOTAL MARKETING EXPENSES..... \$ 0.00

Property Operations & Maintenance

E 30 Payroll..... _____
E 31 Supplies..... _____
E 32 HVAC repairs..... _____
E 33 Electrical repairs..... _____
E 34 Plumbing repairs..... _____
E 35 Elevator repairs & maintenance..... _____
E 36 Exterior repairs..... _____
E 37 Roof repairs..... _____
E 38 Pool repairs..... _____
E 39 Miscellaneous repairs..... _____
Explanation of miscellaneous repairs _____

SUB-TOTAL PROPERTY OPS. & MAINTENANCE..... \$ 0.00

Energy

E 40 Electricity..... _____
E 41 Gas..... _____
E 42 Fuel oil..... _____
E 43 Water & sewer..... _____
SUB-TOTAL ENERGY..... \$ 0.00

E 44 Other undistributed expenses..... _____
Explanation of other undistributed expenses _____

TOTAL UNDISTRIBUTED EXPENSES \$ 0.00

Taxes & Insurance

E 45 Personal property/business tangible tax..... _____
E 46 Business license tax..... _____
E 47 Insurance covering building..... _____
E 48 Insurance covering contents of building..... _____
SUB-TOTAL TAXES & INSURANCE.....\$ _____ 0.00

Reserves for Replacement

E 49 Reserves for replacement.....\$ _____

TOTAL EXPENSES (Total departmental expenses + total undistributed expenses + sub-total of taxes & insurance + reserves for replacement) \$ _____ 0.00

NET OPERATING INCOME (Total revenue – total expenses)

\$ _____ 0.00

Real Estate Taxes.....\$ _____

Capital improvements/renovations
that occurred during this accounting period.....\$ _____
(Please attach a detailed listing of what improvements/renovations occurred)