

**COUNTY OF FAIRFAX, DEPARTMENT OF TAX ADMINISTRATION, REAL ESTATE DIVISION**

**INSTRUCTIONS FOR COMPLETING  
INCOME AND EXPENSE SURVEY FORM  
HOTEL/MOTEL**

The following instructions are provided to aid you in filling out this survey form. If you have any questions, please call this office at (703) 324-4802. Please do not email or fax large survey packets. Mailing is preferred.

**A. General Information**

1. Please provide the property name, year built and any addition years.
2. Please provide the type of property (office, retail, etc), # of elevators and # of stories.
3. Please provide the address of the property.
4. Please provide the 'Trading as' name reported on your business license. Do you have owner occupied space in the building and if so, please provide the amount of square feet you occupy.
5. Please provide the total building area of the property including basement and mezzanine space but not parking space.
6. Please provide the total leasable area of the property.
7. Please provide the total basement area of the property. Provide the finished, unfinished and parking area too.
8. Please provide the total number of parking spaces.
9. Please provide the total reserved/rental parking spaces.

**B. Debt Service Information**

Please provide information in regard to any loan placed on this property within the last five years. Please include any new loans or refinancing of original debt. This information is requested to study the financing trends for this property type to determine typical debt coverage ratios. By obtaining this information we may also be able to see if your particular property is unusual in its financial arrangements.

**C. General Property, Management, Rate, and Occupancy Information**

This section is self-explanatory.

**D. Annual Income**

Please enter the period covered by this income and expense statement. Round your numbers, no decimals.

1. **Actual room rental income** – Actual income from rental of rooms. This is not the gross potential income at 100% occupancy, but the actual gross rent received.
2. **Sales of food/sundry services** – Income from the sales of food and sundries. If the income from food/sundry services is from a lease, please enter the information on Line 5 below.
3. **Beverages/sundry** – Income from sales of beverages and sundries not included above.
4. **Telephone income** – Income from use of telephone services.
5. **Lease income** – (Specify) This includes rental income from food, retail, rooftop antennas, etc. Please attach an itemized list showing all rental income and the amount of space associated with the lease.
6. **Other income (specify)** – Additional sources of income not listed above.
7. **Total actual income received** – Sum of lines above.

**E. Capital Improvements and Renovations**

1. 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 and included here. If this section applies to your property, please answer yes

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Property Name	Tax Map ID	Element No.	Property Type

and 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. For each line enter a description of the improvements, the total cost and the life of the improvements in years. The life of the improvements is the number of years the improvement will last, or the number of years over which it will be amortized. This section helps to compile maintenance expenses data for each property type.

2. New Construction – Submit most recent AIA documents G702 and G703 with the itemized construction costs and all associated soft costs for recent new construction.

## F. Department Costs

These are costs necessary to maintain the production of income from operation of the property. They are the day to day costs of providing services for the guests. They do not include the expenses necessary for the operation of the Real Estate (See Operating Expenses below). Do not include under any expense category items such as ground rent, mortgage interest or amortization, depreciation, personal property tax, income taxes, or capital expenditures. Capital expenditures are requested in Section E.

1. **Rooms** – Cost directly attributed to room upkeep.
2. **Food & Beverages** – Cost directly attributed to providing meals and drinks.
3. **Telephone** – Cost of providing telephone service to guests.
4. **Other** – Additional departmental costs not listed above.
5. **Total of department costs** – Sum of lines above.

## G. Annual Operating 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, personal property tax, income taxes, or capital expenditures. These are not operating expenses. Please include here all other expenses to the property, including those reimbursed by the tenants. Round your numbers, no decimals.

1. Utilities
  - a. **Water and sewer** – Cost of water and sewer services for this reporting period.
  - b. **Electricity** – Electricity Expenses.
  - c. **Other utilities** – Specify primary fuel (oil, gas, electric) used for heating the building, and its expense. Do not include an amount here if heat is electric and expense is included in the above.
2. Management and Administrative
  - a. **Management fees** – 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.
  - b. **Incentive management fees** – Fees paid to management firm as incentive.
  - c. **Franchise fees** – Fees paid for use of name, logo, marketing, etc.
  - d. **Advertising** – Paid for local and national marketing not included in the fees listed above.
  - e. **Other administrative/payroll** – Includes administrative payroll, office supplies, accounting and legal fees. (Please detail each line item. If necessary attach separate sheet).

Property Name	Tax Map ID	Element No.	Property Type

3. Maintenance and Repairs

- a. **Maintenance payroll/supplies** – Payroll expenses for maintenance staff, and expenses for maintenance supplies.
- b. **HVAC repairs** – Maintenance and repair expense for heating, ventilating and air-conditioning. Do not include capital repairs.
- c. **Electric/plumbing repairs** – Maintenance and repair expense for electric and/or plumbing systems.
- d. **Elevator repairs** – Maintenance expense for elevator repairs.
- e. **Roof repairs** – Minor repair and routine maintenance expense of roof. Do not enter the cost to replace entire roof. Roof replacement is a capital expense, which should be shown in Section E.
- f. **Pool/Recreational** - Maintenance and operation for pool area.
- g. **Other common area or exterior repairs** – Repairs to the outside of the property not covered elsewhere. Do not include capital items.
- h. **Decorating (carpet, paint, etc.)** – Interior maintenance and repair. Do not include capital items, or major tenant fix up.
- i. **Other repairs maintenance (specify)** – Maintenance and repair expense not covered in another category. Please specify type of maintenance and/or repair. Do not include capital items.

4. Services

- a. **Janitorial/cleaning (payroll/contract)** – Janitorial and cleaning expenses for the property.
- b. **Landscape (grounds maintenance)** – Landscaping or groundskeeping service expenses.
- c. **Trash** – Expense for trash service.
- d. **Security** – Expense for security service, guards, etc.
- e. **Snow removal** – Expense for snow removal service.
- f. **Other services (specify)** – Expense for services not listed above.

5. Insurance and Taxes

- a. **Fire, casualty insurance** – (reporting period only) Some insurance policies are multi-year contracts. Please include only one year’s cost.
- b. **Other taxes, fees (specify)** – This includes business license tax, personal property taxes, and other taxes, exclusive of real estate taxes.

6. Reserves for Replacement

- a. The annual amount reserved for all capital improvements includes replacement of furniture, fixtures and equipment.

7. Total Operating Expenses Including Reserves for Replacement

Property Name	Tax Map ID	Element No.	Property Type

## H. Net Operating Income

Income to the property after all fixed and operating expenses including reserves for replacements are deducted, but before deducting mortgage interest and depreciation (i.e., total actual income received less total departmental costs less total operating expenses before real estate taxes.

## I. Real Estate Taxes

Amount paid in real estate taxes for this reporting period. This should reflect any adjustments made in the assessment for the period. Do not include personal property taxes.

## J. Certification

Certification of this information by the owner or officially 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 the information. Also, provide the name and phone number of the person to contact with questions about the information. Indicate the type of accounting method employed in completing this survey.



# County of Fairfax, Department of Tax Administration

12000 Government Center Pkwy., Suite 357  
Fairfax, Virginia 22035-0032

<https://www.fairfaxcounty.gov/taxes/real-estate>  
[DTAREDSurveys@fairfaxcounty.gov](mailto:DTAREDSurveys@fairfaxcounty.gov) | 703-222-8234 (TTY 711)

## Hotel Income and Expense Survey - Real Estate Division

**Calendar Year 2024**

**For Tax Year 2026**

### Instructions

Instructions are found as a supplemental document as noted above. Please read these instructions and confirm the statement below before completing your survey

**“I have read and understand the survey instructions.”**

### A. General Information (Property Identification)

Property Name		Owner/Agent	No Longer Owns Property
Tax Map ID	Element No.	Property Type	

Please list all additional elements included in the income and expense data.

### Property Location

Street #	Street Name	Direction	Suffix
City			Zip/Postal Code

### Property Improvement Information

Owner Occupied Yes No		Owner Occupied SF			
Year Built	Year Addition	Total Building Area	Total Leasable Area	Total Basement Area	
Year Renovated		Finished Bsmt Area	Unfinished Bsmt Area	Bsmt Parking Area	
No. Stories	No. Elevators	No. Parking Spaces	No. Reserved/Rental Parking Spaces		

### B. Debt Service Information (within the last 5 years)

	Loan Amount	Loan Date	Term	Interest Rate %	Payment (P & I)	Payment Frequency (Mo. or Year)
1						
2						

**FOR INTERNAL USE ONLY**

Initial	Date	Click or tap to enter a date.	<input type="checkbox"/> Entered into IAS	<input type="checkbox"/> Added to IDOCS
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Property Name	Tax Map ID	Element No.	Property Type

**C. General Property, Management, Rate, and Occupancy Information**

Total # of rooms	Total	
	Doubles	
	Singles	
	Suites	
Is there a restaurant facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what is the seating capacity?		
Is there a full-service kitchen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Conference meeting area	# of rooms	Area                  Sq. ft
Amenities (pools, exercise facilities, etc.)		
Year of Last Room Renovation		
Year of Last Common Area Renovation		
Include STR Chain Scale	<input type="checkbox"/> Independent <input type="checkbox"/> Economy <input type="checkbox"/> Midscale <input type="checkbox"/> Midscale <input type="checkbox"/> Upper Midscale <input type="checkbox"/> Upscale <input type="checkbox"/> Upper Upscale <input type="checkbox"/> Luxury	
Is the property owned by a national hotel chain?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, is the property operated and managed by this company?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the property currently operated under a franchise agreement with a hotel chain?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, how is the fee structured? (i.e., flat dollar amount of % revenue, NOI, etc.)	Initial Fees	
	Advertising Fees	
	Royalty Fees	
	Reservation Fees	
Is the property operated under a management contract (other than owner)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, does the contract provide for the use of a recognized chain, affiliated trade name and reservation system?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
How are the management fees calculated? (i.e., % of total revenues, room revenues, net operating income, etc.)		
Total number of rooms sold over the previous 12 months (same period as reported in next Annual Income section)		
Average occupancy over the previous 12 months		
Total room nights available (total number of rooms multiplied by 365)		
Average Daily Room rate (ADR) over the previous 12-month period? (total gross room revenue divided by total number of rooms sold)		

Property Name	Tax Map ID	Element No.	Property Type

Please provide a copy of the latest STAR report for this property. If not available, list the subject's three primary competitors.

**D. Annual Income (round numbers, no decimals)**

Income for Period	to	Amount	Imputed?
Actual Room Rental Income Received			
Sales of Food/Sundry Services			
Sales of Beverage/Sundries			
Telephone Income			
Lease Income			
Other Income (specify)			
<i>Total Actual Income (sum of above lines)</i>			

**E. Capital Improvements, Renovations**

Have there been Capital Improvements or Capital Renovations to the property during this reporting period?  Yes  No

If yes, please provide total cost here and attach a detailed list on a separate page.

*New construction: Submit most recent AIA Documents G702 and G703.*

**F. Department Costs (Not Included in the Next Operating Expenses Section)**

Rooms		
Food & Beverages		
Telephone		
Other (specify)		
<i>Total Department Costs (sum of lines above)</i>		

Property Name	Tax Map ID	Element No.	Property Type

<b>G. Annual Operating Expenses (round numbers, no decimals)</b>		
	<b>Amount</b>	<b>Imputed?</b>
Water and Sewer		
Electricity		
Other Utilities (specify)		
Management Fees		
Incentive Management Fees		
Franchise Fees		
Advertising		
Other Administrative/Payroll (specify)		
Roof Repairs		
Pool/Recreation		
Common Area/Exterior Repairs		
Decorating		
Other Repairs/Maintenance (specify)		
Janitorial/Cleaning (payroll/contract)		
Landscaping (grounds maintenance)		
Trash		
Security		
Snow Removal		
Other Services (specify)		
Insurance (One Year)		
Other Taxes, Fees		
Personal Property Taxes		
Business License		
Others (specify)		
Reserves for Replacement		
<i>H. Total Expenses Including Reserves</i>		
<i>I. Net Operating Income (Total Actual Income Less Total Expenses)</i>		
Real Estate Taxes		



Property Name	Tax Map ID	Element No.	Property Type

<b>ADDITIONAL COMMENTS</b>
Please include any details you feel are necessary for the valuation of this property:

<b>ELECTRONIC SURVEYS</b>
Please enter the preferred email for surveys to be sent to (if applicable):

<b>J. CERTIFICATION</b>			
OFFICIAL REQUEST: TITLE 58.1-3294 CODE OF VIRGINIA State law requires certification by the owner or officially authorized representative			
Name of Management Company		Contact Person	
Street#	Street Name/P.O. Box	Direction	Suffix
2 <sup>nd</sup> Line of Address			
Unit/Suite/Floor	City	State/Country	Zip/Postal Code
Phone Number		Email Address	
All information including the accompanying schedules, statements, and attachments have been examined by me and to the best of my knowledge and belief are true, correct, and complete. I acknowledge that a DocuSign signature constitutes an official signature on behalf of the taxpayer or taxpaying entity.			
Signature		Date	
Print Name		Title	