

Property Name	Tax Map ID	Element No.	Property Type

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

**INSTRUCTIONS FOR COMPLETING  
INCOME AND EXPENSE SURVEY FORM  
OFFICE/RETAIL/OTHER**

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.

**A. Property Identification**

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.
10. Please identify any tenants that will be leaving the property earlier than their contracted lease expiration date. Please identify how they are vacating the premises: early exit clauses, lease buyouts, bankruptcy court orders; having simply given notice that they are leaving early but will still be paying the rent.
11. For Regional Malls, please provide the dollar-per-square-foot amount of sales for inline tenants.

**B. Debt Service Information**

Please provide information regarding 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. New Construction, Capital Improvements/Renovations, Deferred Maintenance, Leasing Commissions, Tenant Improvements**

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 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. **Deferred Maintenance items** should include major building components which currently need repair. If this property has such needed maintenance, please include an itemized listing of the individual items, along with repair cost estimates.
3. **Leasing Commission** costs should include the total leasing commissions paid by the landlord for the reporting period.

Property Name	Tax Map ID	Element No.	Property Type

4. **Tenant Improvement** costs should include the total cost of the tenant refit paid by the landlord for the reporting period.
5. New Construction - Attach most recent AIA G702 and G703 documents to include all hard and soft costs.
6. **Use** – If the property’s (or portion thereof) physical design, construction materials, or layout adapts its space for any use other than standard office or retail use, please describe the use and the percent of the building designed for this special use.

**D. Market Rent, Vacancy and Tenant Improvement Allowance Information**

1. Please provide the amount of vacant space, in square feet, available for lease on January 1 of the current year.
2. Please provide the amount of vacant space, in square feet, available for lease on January 1 of the previous year.
3. Please provide the estimated income loss due to the vacancy reported in questions 1 and 2 above.
4. Please provide the actual income loss from collection, or bad debts.
5. Please provide estimate of market rent as of January 1 of the current year.
6. Please provide current tenant improvement costs on a square foot basis, for relet space and newly leased space.

The vacancy data provided is used in determining vacancy patterns for this property type.

**E. Annual Income**

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

1. **Primary rental income** – Enter the actual income from rental of space. This is actual gross rent received from the property.
2. **Sales of utilities** – Income from the sale of utilities and services in addition to actual rent income. Usually these are cost reimbursements by the tenants over and above the base rent.
3. **Rent overage/ % rent** – Rents received over and above the guaranteed rental in accordance with the terms of the lease.
4. **Common area maintenance reimbursement** – Total income received from tenants for their share of the common area maintenance.
5. **Interest income** – Income to this property from interest earned on capital improvement accounts, reserve accounts and monthly management operating accounts.
6. **Insurance reimbursement** – Monies paid to owner for insurance claims.
7. **Operating expense reimbursement** – Income to the property from the tenants’ prorata share of operating expenses (pass-throughs), usually above a base amount or expense stop as specified in the terms of the lease.
8. **Real estate tax reimbursement** – Income to the property from the tenants prorata share of real estate taxes (pass-throughs), usually above a base amount or real estate tax stop as specified in the terms of the lease.
9. **Parking income** – Any rental income received for garage and/or surface parking spaces.
10. **Antenna/telecommunication income** – Income received from leasing portion of premises for erection of

Property Name	Tax Map ID	Element No.	Property Type

telecommunication equipment.

11. **Other rental income (specify)** – Rental income for any specially designated space which is not covered by the categories listed above. Specify the type of space to which the income relates.
12. **Miscellaneous income (specify)** – Any additional income received not covered in another category. Specify the type or source of income.
13. **Total actual income received** – Sum of all income items.

## F. 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** – Total electrical expense.
- c. **Other utility (specify)** – If more than one type of fuel is used, indicate type and total cost.

### 2. 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. **Decorating common area or exterior repairs (carpet, paint, etc.)** – Repairs to the outside of the property not covered elsewhere. Do not include capital items.
- g. **Other repairs/maintenance** – Maintenance and repair expense not covered in another category. Please specify type of maintenance and/or repair. Do not include capital items.

### 3. 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. Don't include asset management fees, only property specific management fees.
- b. **Other administrative/payroll** – Includes advertising, 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

4. Services

- a. **Janitorial/cleaning (payroll/contract)** – Janitorial and cleaning expenses for the property.
- b. **Landscape (grounds maintenance)** – Landscaping or grounds keeping service expenses.
- c. **Trash** – Expense for trash service.
- d. **Security** – Expense for security service, guards, etc.
- e. **Window Cleaning** – Expense for cleaning windows.
- f. **Snow removal** – Expense for snow removal service.
- g. **Other Services** – Anything not included above.

5. Insurance and Taxes

- a. **Insurance** – (reporting period only) Some insurance policies are multi-year contracts. Please include only one year’s cost.
- b. **Other taxes, fees, HOA** – This includes business license tax, personal property taxes, and other taxes, exclusive of real estate taxes.
- c. **Total Operating Expenses** - Sum of all operating expenses.

**G. Net Operating Income Before Real Estate Taxes**

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

**H. 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.

**I. Tenant Inventory Information**

- 1. **Tenant name** – Please indicate the tenant and suite number for each leased space. Also indicate each vacant space and its suite number. If lease is not Full Service, place an asterisk (\*) in the adjacent box. Please identify any space used as data center space.
- 2. **Amount of floor space leased** – The square feet of space specified in the lease.
- 3. **BOMA “B” or GWCAR “W”** – Insert the methodology used for measuring the Leased Floor Area. In this area, the method typically used will be the Greater Washington Commercial Association of Realtors (GWCAR) method, or the Building Owners and Managers Association (BOMA) method. Please enter a “B” for BOMA, a “W” for GWCAR, an “O” for other, or a “U” for unknown.
- 4. **Lease dates** – The effective beginning and ending dates for the leases of the current tenants.

Property Name	Tax Map ID	Element No.	Property Type

5. **Original annual base rent amount** – The original base (face) rent for the first year of the current lease in total dollars. This amount does not include escalations or reimbursements for any expenses, nor does it include adjustments for free rent or concessions. This amount should be reported on an annualized basis.
6. **Current annual rent amount** – The current amount of rent now being paid for this reporting period. This amount includes CPI or percentage escalations but does not include reimbursements for utilities, common area expenses, or taxes. This amount should also be reported on an annualized basis.
7. **Rent escalations (Fixed or CPI)** – Show the percentage increase or CPI factor (Consumer Price Index) from the escalation clause in the lease. The additional income generated by the escalation clause in the lease for this period should be included in current rent.
8. **Overage or percentage rent** – If the lease calls for a percentage of gross profits or a percentage of profits over a stated amount, show the amount of excess rent in dollars paid this period.
9. **Expense stop** – Indicate any expense stop. This is the amount of expenses, usually expressed in dollars per square foot, that the landlord has agreed to include in the basic rent. If there is no expense stop and the tenant pays common area maintenance and/or real estate taxes separately, write “none” here and show these amounts in the appropriate columns.
10. **Amount paid in excess of expense stop** – The amount paid by the tenant for expenses in excess of the agreed upon expense stop.
11. **Common area maintenance** – The annual expense paid by tenant to maintain common areas that are not designed for lease, e.g., parking, sidewalks, landscaped areas, hallways, public restrooms, etc. If common area maintenance is paid separately or not included in the expense stop, show that total dollar amount.
12. **Real estate taxes** – If real estate taxes are reimbursed by the tenant, show the annual amount.
13. **Months free rent** – If there was a period of free rent agreed upon in the lease, show the number of months here. If there was a flat dollar amount, indicate that amount on a separate sheet. Indicate the total amount for the lease term.
14. **Total leasing commission** – If a fee was paid to a leasing company for obtaining a tenant, indicate the amount paid for the entire term of the lease.
15. **Landlord paid build out costs** – If there has been substantial build out costs associated with this lease paid by the landlord, and those costs are not being reimbursed separately by the tenant, indicate the amount.

## 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)

## Office/Retail/Other 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. 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		Entered into IAS		Added to IDOCS
---------	--	------	--	------------------	--	----------------

**CONFIDENTIAL**

Property Name	Tax Map ID	Element No.	Property Type

**C. New Construction, Capital Improvements/Renovations, Deferred Maintenance, Leasing Commissions, Tenant Improvements**

<p>Have there been Capital Improvements or Capital Renovations to the property during this reporting period?</p> <p align="center">Yes                      No</p> <p>If yes, please provide total cost and attach a detailed list.</p>	
---	--

<p>Does the property currently have any deferred maintenance?</p> <p align="center">Yes                      No</p> <p>If yes, please provide the total cost to cure and attach an itemized list of the individual items along with cost estimates.</p>	
---	--

What were the total <u>Leasing Commissions</u> paid during this reporting period?	
---	--

What were the total <u>Tenant Improvement Costs</u> paid during this reporting period?	
--	--

*New Construction: Attach most recent AIA documents G702 and G703 with all associated soft costs.*

**D. Market Rent, Vacancy and Tenant Improvement Allowance Information**

Current market rent per sq. ft	
--------------------------------	--

Space vacant and available for lease, January 1 (current year)	
--	--

Space vacant and available for lease January 1 (prior year)	
---	--

Income loss from vacancy (reporting period)	
---	--

Income loss from bad debts* (reporting period)	
--	--

Please identify any bad debts that you expect to be repaid in 2024	
--	--

Current tenant improvement allowance per sq. ft.	Relet	New Lease
--	-------	-----------

Identify tenant (s) leaving the property prior to their contracted lease expiration\* (attach more if necessary):

Tenant Name	Reason for Leaving	Leased SF
-------------	--------------------	-----------

Contracted Lease Exp Date	Actual Date Vacated	Buyout Amount
---------------------------	---------------------	---------------

Is Tenant going to continue to pay the contracted rent?	Yes                      No
---	-----------------------------

Tenant Name	Reason for Leaving	Leased SF
-------------	--------------------	-----------

Contracted Lease Exp Date	Actual Date Vacated	Buyout Amount
---------------------------	---------------------	---------------

Is Tenant going to continue to pay the contracted rent?	Yes                      No
---	-----------------------------

Property Name	Tax Map ID	Element No.	Property Type

<b>E. Annual Income</b> (Indicate figure is Imputed by checking box in far-right column)			
<b>For Period</b>		<b>to</b>	
		<b>Amount</b>	<b>Value imputed?</b>
Primary Rental Income			
Sales of Utilities			
Rent Overage/% Rent			
Common Area Maintenance Reimbursement			
Interest Income			
Insurance Reimbursement			
Operating Expense Reimbursement			
Real Estate Tax Reimbursement			
Parking Income			
Antenna/Telecommunications Income			
Other Rental Income (specify)			
Miscellaneous Income* (specify)			
*Include financial aid received from federal, state, local government loans and/or grants (specify)			
Total Annual Income			

<b>F. Annual Operating Expenses</b>			
		<b>Amount</b>	<b>Value imputed?</b>
Water and Sewer			
Electricity			
Other Utilities (specify)			
Maintenance Payroll/Supplies			
HVAC Repairs			
Electric/Plumbing Repairs			
Elevator Repairs			
Roof Repairs			
Common Area/Exterior Repairs			
Decorating (carpet, paint, etc.)			
Other Repairs and Maintenance (specify)			
Management Fees (not including asset management fees, only property specific mgmt. fees)			
Other Administrative/Payroll (specify or attach detailed sheet)			
Janitorial/Cleaning			
Landscape (grounds maintenance)			
Trash			
Security			
Window Cleaning			
Snow Removal			
Other Services (specify)			
Insurance (One Year)			
Other Taxes, Fees, HOA (Do not include Real Estate Taxes)			
<i>Total Operating Expenses</i>			
<b>G. Net Operating Income (Total Actual Income Less Total Expenses before Real Estate Taxes)</b>			
<b>H. Real Estate Taxes</b>			



Property Name	Tax Map ID	Element No.	Property Type

**I.TENANT INVENTORY**

**Please fill out the rent roll on the next page. If there are more tenants than lines available in the table, attach a rent roll that includes the following tenant information. (Annualize rents and expense reimbursements.)**

1. Tenant Name/Unit Number
2. Amount of all floor space leased (*including vacant space*)
3. BOMA ("B") or GWCAR ("W")
4. Lease dates (Mo/Day/Year to Mo/Day/Year)
5. Original annual base rent amount
6. Current annual rent amount
7. Rent escalations % Fixed or CPI Factor
8. Overage or % Rent (if any)
9. Expense stop (in \$)
10. Amount paid in excess of expense stop
11. Common area maintenance
12. R.E. taxes (if separate)
13. Months free rent
14. Total leasing commission
15. Landlord paid build out costs

**Separately list and identify any space used as data center space.**

**Submit lease abstracts for any new leases contracted during calendar year 2024.**

Rent Roll:

Lease Abstracts (if applicable):

Property Name	Tax Map ID	Element No.	Property Type

1. Tenant Name/Unit # (If Lease is Not Full Service Please Place Asterisk Adjacent To It)	2. Amount of Floor Space Leased	3. BOMA "B" or GWCAR "W"	4. Lease Dates Mo/Day/Yr to Mo/Day/Yr	RENT		7. Rent Escalations % Fixed or CPI Factor	ANNUAL ADDITIONAL AMOUNTS				ADJUSTMENTS			
				5. Original Annual Base Rent Amount	6. Current Annual Rent Amount		8. Overage or % Rent (if Any)	EXPENSE REIMBURSEMENTS AND PASS THROUGHS				13. Mo. Free Rent	14. Total Leasing Commis- sion	15. Landlord Paid Build Out Costs
								9. Expense Stop (\$)	10. Amount Paid in Excess of Expense Stop	11. Common Area Maintenance	12. R. E. Taxes (if Separate)			

Property Name	Tax Map ID	Element No.	Property Type

**ADDITIONAL COMMENTS**

Please include any details you feel are necessary for the valuation of this property:

**ELECTRONIC SURVEYS**

Please enter the preferred email for surveys to be sent to (if applicable):

**J. CERTIFICATION**

**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
------------	-------