

# 2021 ANNUAL INCOME AND EXPENSE REPORT WORKSHEET (Title 58.1-3294 Code of Virginia)

Owner Name \_\_\_\_\_  
 \*Mailing Address \_\_\_\_\_  
 (if different from front) \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_

Property Location \_\_\_\_\_  
 Tax Map Number \_\_\_\_\_  
 RPC Number (required) \_\_\_\_\_

**\* MAILING ADDRESS CHANGES: Please contact the Commissioner of Revenue's Office at 804-693-3451 for Real or Personal Property mailing address changes.**

<b>1 Primary Property Use</b> (Check One)	<b>Apartment</b>	<b>Office</b>	<b>Retail</b>	<b>Mixed Use</b>	<b>Shopping Ctr.</b>	<b>Industrial</b>	<b>Hotel/Motel/Inn</b>
<b>1 Lease Type</b> (Check One)	<b>Single Net</b>	<b>Double Net</b>	<b>Triple Net</b>	<b>Gross (Full)</b>	<b>Bond</b>	<b>Percentage</b>	<b>Other</b> _____
<b>2</b> Gross Building Area (Including Owner-Occupied Space)	_____	_____	Sq. Ft. _____	_____	<b>7</b> Number of Parking Spaces	_____	_____
<b>3</b> Net Leasable Area	_____	_____	Sq. Ft. _____	_____	<b>8</b> Actual Year Built	_____	_____
<b>4</b> Owner-Occupied Area	_____	_____	Sq. Ft. _____	_____	<b>9</b> Year Remodeled	_____	_____
<b>5</b> Number of Units	_____	_____	_____	_____	<b>10</b> Parking Area	Sq. Ft. _____	_____
<b>6</b> Vacancy Percentage	_____	_____	_____	_____	_____	_____	_____

**INCOME**

**9** Apartment Rentals (From Schedule A) \_\_\_\_\_  
**10** Office Rentals (From Schedule B) \_\_\_\_\_  
**11** Retail Rentals (From Schedule B) \_\_\_\_\_  
**12** Mixed Rentals (From Schedule B) \_\_\_\_\_  
**13** Shopping Center Rentals (From Schedule B) \_\_\_\_\_  
**14** Industrial Rentals (From Schedule B) \_\_\_\_\_  
**15** Other Rentals (From Schedule B) \_\_\_\_\_  
**16** Parking Rentals \_\_\_\_\_  
**17** Other Property Income (Please Specify) \_\_\_\_\_  
**18 TOTAL POTENTIAL INCOME**  
 (Add Line 9 Through Line 17) \_\_\_\_\_  
**19** Loss Due to Vacancy and Credit \_\_\_\_\_  
**20 EFFECTIVE ANNUAL INCOME**  
 (Line 18 Minus Line 19) \_\_\_\_\_

**EXPENSES**

**21** Heating/Air Conditioning \_\_\_\_\_  
**22** Electricity \_\_\_\_\_  
**23** Water and Sewer \_\_\_\_\_  
**24** Other Utilities (Please Specify) \_\_\_\_\_  
**25** Maintenance Supplies \_\_\_\_\_  
**26** HVAC Repair \_\_\_\_\_  
**27** Electric/Plumbing Repair \_\_\_\_\_  
**28** Elevator Maintenance \_\_\_\_\_  
**29** Roof Repair \_\_\_\_\_  
**30** Common Area Repair \_\_\_\_\_  
**31** Decorating \_\_\_\_\_  
**32** Other Repairs/Maintenance (Please Specify) \_\_\_\_\_  
**33** Management Fees \_\_\_\_\_  
**34** Other Administrative (Please Specify) \_\_\_\_\_  
**35** Services (Landscape/Security/Cleaning) \_\_\_\_\_  
**36** Insurance \_\_\_\_\_  
**37** Other Fees (Please Specify) \_\_\_\_\_  
**38 TOTAL EXPENSES** (Add Lines 21 Through 37) \_\_\_\_\_  
**39 NET OPERATING INCOME** (Line 20 Minus Line 38) \_\_\_\_\_  
**40** Capital Expenses \_\_\_\_\_  
**41** Real Estate Taxes \_\_\_\_\_  
**42** Mortgage Payment (Principal and Interest) \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

**Real Estate Assessment Dept.**  
**6489 Main Street**  
**Gloucester, VA 23061**  
**PH: (804) 693-1325**  
**FAX: (804) 824-2446**



\*CONFIDENTIAL\*

**SCHEDULE A - 2021 APARTMENT RENT SCHEDULE**

*Complete Section A for Apartment Rental activity only.*

UNIT TYPE	NO. OF UNITS		ROOM COUNT		UNIT SIZE	MONTHLY RENT		TYPICAL
	TOTAL	RENTED	ROOMS	BATHS	SQ. FT.	PER UNIT	TOTAL	LEASE TERM
EFFICIENCY								
1 BEDROOM								
2 BEDROOM								
3 BEDROOM								
4 BEDROOM								
OTHER RENTABLE UNITS								
OWNER/MANAGER/JANITOR OCCUPIED								
<b>SUBTOTAL</b>								
GARAGE/PARKING								
OTHER INCOME (SPECIFY)								
<b>TOTALS</b>								

**BUILDING FEATURES INCLUDED IN RENT**

(Please Check All That Apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Heat                | <input type="checkbox"/> Furnished Unit |
| <input type="checkbox"/> Electricity         | <input type="checkbox"/> Security       |
| <input type="checkbox"/> Other Utilities     | <input type="checkbox"/> Pool           |
| <input type="checkbox"/> Air Conditioning    | <input type="checkbox"/> Tennis Courts  |
| <input type="checkbox"/> Stove/Refrigerator  | <input type="checkbox"/> Parking        |
| <input type="checkbox"/> Dishwasher          |   |
| <input type="checkbox"/> Garbage Disposal    |   |
| <input type="checkbox"/> Other Specify _____ |   |



**SCHEDULE B - 2021 LESSEE SCHEDULE**

*Complete this section for all other rental activities except apartment rental.*

NAME OF TENANT	LOCATION OF SPACE	LEASE TERM			ANNUAL RENT				PARKING	
		START DATE	END DATE	SQUARE FT. LSBLE.	BASE AMOUNT	ESC/CAM OVERAGE	TOTAL	TOTAL PER SQ. FT.	NO. OF SPACES	ANNUAL RENT
<b>TOTALS</b>										

# VERIFICATION OF PURCHASE PRICE

## If Purchased in the Last 3 Years

PURCHASE PRICE \$ \_\_\_\_\_ DOWN PAYMENT \$ \_\_\_\_\_ DATE OF PURCHASE \_\_\_\_\_  
 DATE OF LAST APPRAISAL \_\_\_\_\_ APPRAISAL FIRM \_\_\_\_\_ APPRAISED VALUE \$ \_\_\_\_\_

FIRST MORTGAGE \$ \_\_\_\_\_ INTEREST RATE \_\_\_\_\_% PAYMENT SCHEDULE TERM \_\_\_\_\_ YEARS  
 SECOND MORTGAGE \$ \_\_\_\_\_ INTEREST RATE \_\_\_\_\_% PAYMENT SCHEDULE TERM \_\_\_\_\_ YEARS  
 OTHER \$ \_\_\_\_\_ INTEREST RATE \_\_\_\_\_% PAYMENT SCHEDULE TERM \_\_\_\_\_ YEARS  
 CHATTEL MORTGAGE \$ \_\_\_\_\_ INTEREST RATE \_\_\_\_\_% PAYMENT SCHEDULE TERM \_\_\_\_\_ YEARS

(Check One)

FIXED	VARIABLE

DID THE PURCHASE PRICE INCLUDE A PAYMENT FOR... FURNITURE? \$ \_\_\_\_\_ (Value) EQUIPMENT? \_\_\_\_\_ (Value) OTHER (Specify) \$ \_\_\_\_\_ (Value)

HAS THE PROPERTY BEEN LISTED FOR SALE SINCE YOUR PURCHASE? YES NO

IF YES, LIST THE ASKING PRICE \$ \_\_\_\_\_ DATE LISTED \_\_\_\_\_ BROKER \_\_\_\_\_

Remarks - Please explain any special circumstances or reasons concerning your purchase (I.e., vacancy, conditions of sale, etc. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I DO HEREBY DECLARE UNDER PENALTIES OF FALSE STATEMENT THAT THE FOREGOING INFORMATION, ACCORDING TO THE BEST OF MY KNOWLEDGE, REMEMBRANCE AND BELIEF, IS A COMPLETE AND TRUE STATEMENT OF ALL THE INCOME AND EXPENSES ATTRIBUTABLE TO THE ABOVE IDENTIFIED PROPERTY.

SIGNATURE \_\_\_\_\_ NAME (Print) \_\_\_\_\_ DATE \_\_\_\_\_

TITLE \_\_\_\_\_ TELEPHONE \_\_\_\_\_

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