

**INCOME & EXPENSE DATA WORKSHEET
FOR THE 2021 TOWN OF OSSINING REASSESSMENT PROJECT**

Enter 2020

Enter Property Address

Annual Income and Expense Statement for the year ending: _____ PROPERTY ADDRESS: _____

PROPERTY USE (check all that apply): Apartment Office Retail Mixed Use Shopping Center Industrial Other _____

CHECK HERE IF ANY PART OF THIS PROPERTY IS OWNER OCCUPIED: **It is critical to check this box if you are using all or part of the property yourself**

- | | | | | |
|--|-------|---------|--------------------------------|-------|
| 1. Total gross building area
(Including owner-occupied space) | _____ | Sq. Ft. | 5. Number of parking spaces | _____ |
| 2. Owner-occupied area | _____ | Sq. Ft. | 6. Actual Year Built, if known | _____ |
| 3. Net Leasable area | _____ | Sq. Ft. | 7. Year Remodeled | _____ |
| 4. Number of rental units, including owner-occupied | _____ | | | |

Enter Net Sq Ft excluding common areas

ACTUAL GROSS INCOME *

- 9. Apartment Rents (From Schedule A) _____
- 10. Office Rents (From Schedule B) _____
- 11. Retail Rents (From Schedule B) _____
- 12. Mixed Rents (From Schedule B) _____
- 13. Shopping Center Rents (From Schedule B) _____
- 14. Industrial Rents (From Schedule B) _____
- 15. Other Rents (From Schedule B) _____
- 16. Parking Rents _____
- 17. Other Misc income (e.g. CAM, INS or TAX Reimbursement) _____
- 18. TOTAL ACTUAL GROSS INCOME = _____
- 19. Less, losses from vacancy and credit collection _____
- 20. EFFECTIVE GROSS ANNUAL INCOME = _____

* Do not include estimates for vacancies

This is how much income your property would rent for if fully occupied and leased

Subtract Line 19 from Line 18: Typically, this amount would match income reported on IRS Form 8825 or Schedule E

Enter all losses due to vacancy and credit

LESS, ACTUAL EXPENSES

- 21. Heating fuel _____
- 22. Gas and electricity _____
- 23. Water and sewer _____
- 24. Other utilities _____
- 25. Payroll (do not include management) _____
- 26. Supplies _____
- 27. Management _____
- 28. Insurance _____
- 29. Common Area Maintenance _____
- 30. Leasing Fees/Commissions/Advertising _____
- 31. Legal and Accounting _____
- 32. Elevator maintenance _____
- 33. Tenant improvements _____
- 34. General repairs _____
- 35. Other (specify) _____
- 36. Other (specify) _____
- 37. Other (specify) _____
- 38. Reserves _____
- 39. Security _____
- 40. TOTAL ACTUAL EXPENSES = _____
- 41. NET OPERATING INCOME = _____

DO NOT INCLUDE TAXES, DEPRECIATION OR MORTGAGE PAYMENTS AS AN EXPENSE

Subtract Line 40 from Line 20

COPY AND ATTACH IF ADDITIONAL PAGES ARE NEEDED

PURCHASE PRICE VERIFICATION

- Complete this section if the property was purchased within the last 10 years -
- ALL OWNERS MUST SIGN AND DATE THE ATTESTION BELOW -

Purchase Price \$ _____ Down Payment: \$ _____ Purchase Date: _____
Selling Broker: _____ Broker Telephone #: _____
Date of Last Appraisal: _____ Appraisal Firm: _____ Appraised Value: \$ _____

First Mortgage: \$ _____ Interest Rate: _____ % Payment Schedule Term: _____ Years Fixed Variable

Did the purchase price include monies allocated for: Furniture? \$ _____ Equipment? \$ _____ Other? \$ _____

PROPERTY CONDITION: _____ ESTIMATE OF REPAIRS NEEDED AT THE TIME OF SALE: \$ _____

Has the property been listed for sale since your purchase? Yes No

If yes, provide list price: \$ _____ Date listed: _____ Listing broker: _____ Broker's Telephone #: _____

COMMENTS: Please explain any special circumstances, or extraordinary factors that affected the purchase price, e.g., vacancy, seller motivation, conditions of sale, property condition, favorable seller financing, etc. Use this area for any other helpful information or comments.

VERY IMPORTANT TO SIGN AND DATE

ATTESTATION:

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

Signature: _____ Name (Print): _____ Date: _____

Title: _____ Telephone #: _____