

County Assessor's Office
CONFIDENTIAL - Motel/ Hotel Income and Expense Questionnaire

Schedule Number:
 Property Address:
 Owner:

Legal Description:
 Occupant Business Name:

Information for the Year 2009

Income

If your income and expenses are seasonal please list averages for each season.

1.	Total Number of Rental Units: _____		
		Season 1	Season 2
2.	Average Room Rate	\$ _____	\$ _____
3.	Average Vacancy Rate	% _____	% _____
4.	Calculate Potential Income @ 100% Occupancy	\$ _____	\$ _____
5.	Actual Rental Income Received	\$ _____	\$ _____
6.	Actual income received from all other sources (vending, parking, concessions, etc.)	\$ _____	\$ _____

Expenses

		Season 1	Season 2
1.	Debt and Interest	\$ _____	\$ _____
2.	Property Taxes	\$ _____	\$ _____
3.	Income Taxes	\$ _____	\$ _____
4.	Management	\$ _____	\$ _____
5.	Salaries	\$ _____	\$ _____
6.	Insurance	\$ _____	\$ _____
7.	Advertising	\$ _____	\$ _____
8.	Utilities	\$ _____	\$ _____
9.	Supplies	\$ _____	\$ _____
10.	Grounds Care	\$ _____	\$ _____
11.	Repairs, Capital Improvements	\$ _____	\$ _____
	Please list the nature of the repairs of capital improvements _____		
12.	Other Expenses	\$ _____	\$ _____
	If other, please specify _____		

Any additional information you feel may influence the value of this property:

 Signature Printed Name

Date _____

Phone _____ Email _____

If possible, please attach a copy of your 2007 Profit and Loss Statement to this form.