County of Fairfax, Virginia

To protect and enrich the quality of life for the people, neighborhoods and diverse communities of Fairfax County

OFFICIAL REQUEST
TITLE 58.1-3294 CODE OF VIRGINIA

Dear Property Owner:

This is an official request pursuant to Title 58.1-3294 of the Code of Virginia which requires you to furnish this office with income and expense data for any income producing properties for calendar year 2011.

- PLEASE USE THE ATTACHED COUNTY FORM
- SURVEYS MUST BE COMPLETED AND RETURNED TO THE DEPARTMENT OF TAX ADMINISTRATION NO LATER THAN APRIL 23, 2012.

This survey is part of an on going effort to obtain current information on the income and expense characteristics of income producing properties, and is necessary to complete our statutory duty of assessing all property at fair market value. Your assistance is necessary to help ensure that our assessments are fair and accurate. It is also your opportunity to tell us if there are any other conditions we should consider in assessing your property.

If this is an owner-occupied property, please complete as much of the survey as possible, in particular the expense data. If any portion of this property is leased or rented to anyone, please complete this survey with all available information. If you have any questions or need assistance completing this survey, please contact us: ***http://icare.fairfaxcounty.gov/ContactUs/.***

PLEASE BE ASSURED THAT THIS INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL, SUBJECT TO CRIMINAL PENALTIES, IN ACCORDANCE WITH TITLE 58.1-3 OF THE CODE OF VIRGINIA. If the Department of Tax Administration does not receive the requested information by April 23, 2012, the Department will exercise the powers provided within the code as deemed necessary.

Your cooperation with this legal requirement is sincerely appreciated.

Janet E. Coldsmith, Director
Real Estate Division, DTA

cc: Kevin C. Greenlief, Director, Department of Tax Administration
David P. Bobzien, County Attorney

DEPARTMENT OF TAX ADMINISTRATION (DTA)
REAL ESTATE DIVISION
12000 Government Center Parkway, Suite 357
Fairfax, VA 22035
Phone: 703-222-8234
Fax: 703-324-4935, TTY 703-222-7594
www.fairfaxcounty.gov/dta

County of Fairfax, Virginia

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RETURN TO: **County of Fairfax**
Department of Tax Administration
Real Estate Division, Suite 357
12000 Government Center Parkway
Fairfax, Virginia 22035-0028

Reference: Income and Expense Survey Information for Calendar Year 2011
This information will be used for the 2013 Assessment

Please review the following information and indicate any corrections in the space provided, and return with the attached survey form.

Property Name: _____Year Built: _____Year Addition: _____

Property Type: _____Elevators: _____Stories: _____

GENERAL INFORMATION:

Please complete the following (print or type):

1. Property Address: _____

   Tax Map Reference Number: _____
   Element Number: _____

2. What is your 'Trading as' name reported on your business license?

   _____Owner Occupied? _____ Sq. Feet _____
   (Y/N)

3. Total Building Area of Property: _____sq. feet
   (Including basement and mezzanine, but not parking structures)

4. Total Leasable Area of Property: _____sq. feet
   (Not applicable for apartments)

5. Total Basement Area: _____sq. feet

   a. _____ b._____ c._____
   (Finished Area) (Unfinished Area) (Parking Area)

6. Total Number of Parking Spaces: _____

7. Total Reserved/Rental Parking Spaces: _____

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HOTEL AND MOTEL INCOME AND EXPENSE SURVEY
County of Fairfax

IF NO LABEL PROVIDE:

Property Tax Map ID
Property Name
Property Address
Owner
Hotel/Motel Type (hotel, motel & suite)

Return to: **Department of Tax Administration**
Real Estate Division, Suite 357
12000 Government Center Parkway
Fairfax, Virginia 22035-0028

Voice: (703) 324-4806 Fax: (703) 324-4935
Email Address: http://icare.fairfaxcounty.gov/ContactUs.
On the internet: www.fairfaxcounty.gov/dta

The Income and Expense information must be placed on this form. No alternative forms may be used. A detailed set of instructions is part of this survey. These instructions are provided to assist you in completing the form. If you should have any questions or need assistance, please contact our office.

A

Debt Service Information (within last 5 years)

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

Has there been a professional appraisal on this real property in the last five years? [ ] Yes [ ] No

B

Certification

OFFICIAL REQUEST: TITLE 58.1-3294 CODE OF VIRGINIA
State Law requires certification by the owner or officially authorized representative.

Please print or type all information except signature.

1. Name of management company _____
2. Address _____
3. Contact Person _____ Phone_____
4. E-Mail address _____

All information including the accompanying schedules and statements have been examined by me and to the best of my knowledge and belief are true, correct, and complete.

5. Signature (required) _____ Date_____
6. Print name_____
7. Title_____

Type of accounting method _____ Cash _____ Accrual

For Office Use Only - - Do Not Write Below this Line

	Survey Entered	Survey Verified	Survey Stabilized	Rents Entered	NBHD #	Received Date Entered	Owner Occupied
DATE							
INITIAL						Check above box if yes	Check above box if yes

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C — General Property, Management, Rate, and Occupancy Information

General Property Information

1. Total number of rooms? _____ (Singles _____ Doubles _____ Suites _____)
2. Is there a restaurant facility? Yes ☐ No ☐ Seating Capacity _____
3. Conference meeting area: Number of rooms _____ _____Area _____Sq. Ft._____
4. Amenities (pools, exercise facilities, etc.) _____

Ownership and Management Information

5. Is the property owned by a national hotel chain? Yes ☐ No ☐
   If yes, is the property operated and managed by this company? Yes ☐ No ☐
6. Is the property currently operated under a franchise agreement with a hotel chain? Yes ☐ No ☐
   If yes, how is the fee structured? (i.e., Flat dollar amount of % of revenue, NOI, etc.)

   Initial Fees: _____

   Advertising Fees: _____

   Royalty Fees: _____

   Reservation Fees: _____
7. Is the property operated under a management contract (other than owner)? Yes ☐ No ☐
   If yes, does the contract provide for the use of a recognized chain, affiliated trade name and reservation system?
   Yes ☐ No ☐

   How are the management fees calculated? (i.e., % of total revenues, room revenues, net operating income, etc.)

   _____

Occupancy and Rate Information

8. Total number of rooms sold over the previous 12 months (same period as reported in Section D) _____
9. What was the average occupancy over the previous 12 months? _____%.
10. Total room nights available (Total number of rooms x 365) _____ nights
11. What was the Average Daily Room rate (ADR) over the previous 12 month period? (Total gross room revenue divided by total number of rooms sold.)_____

D — Annual Income

Income for Period _____ _____ 20____ to _____ _____ 20____
mo day yr mo day yr

Actual Room Rental Income Received	_____
Sales of Food/Sundry Services	_____
Sales of Beverages/Sundries	_____
Telephone Income	_____
Lease Income	_____
Other Income (specify) _____	_____
Total Actual Income (sum of lines above)	_____

E — Capital Improvements, Renovations

Have there been Capital Improvements or Capital Renovations to the property during this reporting period:
If the property was completed during the previous year, see instructions.

Yes ☐ No ☐ If yes, please provide total cost here and attach a detailed list on separate page.

Total capital cost _____

New construction – Submit most recent AIA documents G702 and G703 and associated soft costs.

F	**Department Costs**	
	Rooms	_____
	Food & Beverages	_____
	Telephone	_____
	Other (specify) _____	_____
	Total Department Costs (Sum of lines above)	_____
G	**Operating Expenses**	
	1. Utilities	
	Water and Sewer	_____
	Electricity	_____
	Other Utilities (specify) _____	_____
	2. Management and Administrative	
	Management Fees	_____
	Incentive Management Fees	_____
	Franchise Fees	_____
	Advertising	_____
	Other Administrative/Payroll (specify) _____	_____
	3. Maintenance and Repair	
	Maintenance Payroll/Supplies	_____
	HVAC Repairs	_____
	Electric/Plumbing Repairs	_____
	Elevator Repairs	_____
	Roof Repairs	_____
	Pool/Recreational	_____
	Common Area/Exterior Repairs	_____
	Decorating (i.e. painting, carpet, etc.)	_____
	Other Repairs/Maintenance (specify) _____	_____
	4. Services	
	Janitorial/Cleaning (Payroll/Contract)	_____
	Landscaping (grounds maintenance)	_____
	Trash	_____
	Security	_____
	Snow Removal	_____
	Other Services (specify) _____	_____
	5. Insurance and Taxes	
	Fire, Casualty Insurance (one year)	_____
	Other Taxes, Fees:	
	Personal Property	_____
	Business License	_____
	Other (specify) _____	_____
	6. Total Operating Expenses Without Reserves	
	Reserves for Replacement	_____
	7. Total Operating Expenses Including Reserves	_____
H	**NET OPERATING INCOME** Section D (Total Actual Income) less Section F (Total Departmental Costs) less Section G (Total Operating Expenses Including Reserves).	_____
I	**Real Estate Taxes**	_____

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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) 324-4806.

A. 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.

B. 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.

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

This section is self-explanatory.

D. Income Information

Please enter the period covered by this income and expense statement.

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.

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.

Beverages/sundry – Income from sales of beverages and sundries not included above.

Telephone income – Income from use of telephone services.

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.

Other income (specify) – Additional sources of income not listed above.

Total actual income received – Sum of lines above.

E. Capital Improvements, 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 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.

Rooms – Cost directly attributed to room upkeep.

Food & Beverages – Cost directly attributed to providing meals and drinks.

Telephone – Cost of providing telephone service to guests.

Other – Additional departmental costs not listed above..

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.

1. Utilities

Water and sewer – Cost of water and sewer services for this reporting period.

Electricity – Electricity Expenses.

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.

Operating Expenses – continued

2. Management and Administrative

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.

Incentive management fees – Fees paid to management firm as incentive.

Franchise fees – Fees paid for use of name, logo, marketing, etc.

Incentive management fees – Fees paid to management firm as incentive.

Advertising – Paid for local and national marketing not included in the fees listed above.

Other administrative/payroll – Includes administrative payroll, office supplies, accounting and legal fees. (Please detail each line item. If necessary attach separate sheet).

3. Maintenance and Repairs

Maintenance payroll/supplies – Payroll expenses for maintenance staff, and expenses for maintenance supplies.

HVAC repairs – Maintenance and repair expense for heating, ventilating and air-conditioning. Do not include capital repairs.

Electric/plumbing repairs – Maintenance and repair expense for electric and/or plumbing systems.

Elevator repairs – Maintenance expense for elevator repairs.

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.

Pool/Recreational - Maintenance and operation for pool area.

Other common area or exterior repairs – Repairs to the outside of the property not covered elsewhere. Do not include capital items.

Decorating (carpet, paint, etc.) – Interior maintenance and repair. Do not include capital items, or major tenant fix up.

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

Janitorial/cleaning (payroll/contract) – Janitorial and cleaning expenses for the property.

Landscape (grounds maintenance) – Landscaping or groundskeeping service expenses.

Trash – Expense for trash service.

Security – Expense for security service, guards, etc..

Snow removal – Expense for snow removal service.

Other services (specify) – Expense for services not listed above.

Operating Expenses – continued

5. Insurance and Taxes

   Fire, casualty insurance – (reporting period only) Some insurance policies are multi-year contracts. Please include only one year's cost.

   Other taxes, fees (**specify)** – This includes business license tax, personal property taxes, and other taxes, exclusive of real estate taxes.

6. Total Operating Expenses Without Reserves for Replacement

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

7. Total Operating Expenses Including Reserves for Replacement

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.