

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 SUPPLEMENTAL DOCUMENT
DATA CENTER PROPERTIES**

ELECTRONIC SURVEYS

Please enter the preferred email for surveys to be sent to:

The following instructions are provided to aid you in filling out this supplemental form. If you have any questions, please call this office at (703) 324-4802.

Part I: Data Center Property Characteristics

'Part I' of the data center supplemental requests property owners provide information regarding the composition of their respective data center property. This information is requested so that we may more fairly and accurately describe and value your property.

The first component of 'Part I' addresses the allocation of space to specific data center activities. For each 'Type of Space' please indicate the applicable amount of square footage, the percentage leased as of 1/1/2020, and the associated market rent.

The second component of 'Part I' requests information regarding the facilities critical load. This information is requested to study the trends between annualized rent and availability of power to end users.

The third and final component of 'Part I' requests information regarding the respective classification Tier. For the purposes of this supplemental document please rely on the Uptime Institutes' Tier Standard to describe the availability of data processing from the hardware at a location.

Part II: Business Tangible Personal Property Reporting

'Part II' of the data center supplemental requests property owners provide information regarding their Business Tangible Personal Property filings. For each category indicate whether personal property has been reported, and if so, in what amount.

Part III: Data Center Rent Roll

'Part III' of the data center supplemental requests tenant specific information. We are requesting this information so that we may more accurately model the relationship between annualized rent and the various metrics utilized to lease data center space. If an alternative unlisted metric is used, please indicate and describe the methodology and provide the relevant rental rates.

1. **Occupant Name** – Please indicate the tenant and suite number for each leased space. Also, indicate each vacant space and its suite number.
2. **Type of Lease** – Please indicate the lease structure. (NNN, NN, N, Full Service, etc)
3. **Annualized Rent** - 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.
4. **Rent Start** – Please indicate the date the tenant began occupancy.
5. **Rent Expiration** – Please indicate the expiration of the current rental agreement.
6. **Leasing Metric** – Please indicate the metric utilized to determine the rental rate.
7. **\$/kWh** – If rents are expressed on a per kilowatt hour basis, please identify the corresponding rate in this field.

Property Name	Tax Map ID	Element No.	Property Type

8. **\$/CR SF** - If rents are expressed on a per computer room square foot basis, please identify the corresponding rate in this field.
9. **\$/GFA SF** - If rents are expressed on gross floor area basis, please identify the corresponding rate in this field.
10. **Cost Recovery** – Income to the property from the tenants' prorata share of property expenses.
11. **Other Income** – Please indicate a monthly dollar amount attributable to income derived from the real property components of the property. Please specify the source of this income.



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 | 703-222-8234 (TTY 711)

Data Center Income and Expense Survey - Real Estate Division

Calendar Year 2023

For Tax Year 2025

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.”	

Property Identification		
Property Name	Owner/Agent	No Longer Owns Property
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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	

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	Click or tap to enter a date.	<input type="checkbox"/> Entered into IAS	<input type="checkbox"/> Added to IDOCS
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CONFIDENTIAL

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Data Center Property Characteristics			
For Period		to	
Type of Space	Square Feet	% Leased	Market Rent
Office		%	\$
Computer Room		%	\$
Other Leased Space		%	\$
Supporting Infrastructure			
Total		%	\$
	MW	kWh/Month	kWh/Annually
Critical Load			
Tier	I	II	III
	IV		

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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>	
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<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>	
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What were the total <u>Leasing Commissions</u> paid during this reporting period?	
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What were the total <u>Tenant Improvement Costs</u> paid during this reporting period?	
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New Construction: Attach most recent AIA documents G702 and G703 with all associated soft costs.

Market Rent, Vacancy and Tenant Improvement Allowance Information

Current market rent per sq. ft	
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Space vacant and available for lease, January 1 (current year)	
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Space vacant and available for lease January 1 (prior year)	
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Income loss from vacancy (reporting period)	
---	--

Income loss from bad debts* (reporting period)	
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Please identify any bad debts that you expect to be repaid in 2023	
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Current tenant improvement allowance per sq. ft.	Relet	New Lease
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Identify tenant (s) leaving the property prior to their contracted lease expiration* (attach more if necessary):

Tenant Name	Reason for Leaving	Leased SF
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Contracted Lease Exp Date	Actual Date Vacated	Buyout Amount
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Is Tenant going to continue to pay the contracted rent?	Yes	No
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Tenant Name	Reason for Leaving	Leased SF
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Contracted Lease Exp Date	Actual Date Vacated	Buyout Amount
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Is Tenant going to continue to pay the contracted rent?	Yes	No
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Annual Income (Indicate figure is Imputed by checking box in far-right column)		
For Period	to	
		Amount Value imputed?
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		

Annual Operating Expenses		
	Amount	Value imputed?
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>		
A. Net Operating Income (Total Actual Income Less Total Expenses before Real Estate Taxes)		
B. Real Estate Taxes		

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PART III: DATA CENTER 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.

1. Occupant name
2. Type of lease (NNN, Full Service, etc.)
3. Annualized rent
4. Rent start date
5. Rent expiration date
6. Leasing metric (kWh, CR SF, GFA SF)
7. \$/kWh*
8. \$/CR SF*
9. \$/GFA*
10. Cost recovery*
11. Other income*

*Monthly amount, not annualized

Tenant Inventory:

Property Name	Tax Map ID	Element No.	Property Type

Data Center Rent Roll										
Occupant Name	Type of Lease <i>(NNN, Full Service, etc.)</i>	Annualized Rent	Rent Start	Rent Expiration	Leasing Metric	Monthly				
						\$/kWh	\$/CR SF	\$/GFA SF	Cost Recovery	Other Income
1.		\$	/ /	/ /	<input type="checkbox"/> kWh <input type="checkbox"/> CR SF <input type="checkbox"/> GFA SF	\$	\$	\$	\$	\$
2.		\$	/ /	/ /	<input type="checkbox"/> kWh <input type="checkbox"/> CR SF <input type="checkbox"/> GFA SF	\$	\$	\$	\$	\$
3.		\$	/ /	/ /	<input type="checkbox"/> kWh <input type="checkbox"/> CR SF <input type="checkbox"/> GFA SF	\$	\$	\$	\$	\$
4.		\$	/ /	/ /	<input type="checkbox"/> kWh <input type="checkbox"/> CR SF <input type="checkbox"/> GFA SF	\$	\$	\$	\$	\$
5.		\$	/ /	/ /	<input type="checkbox"/> kWh <input type="checkbox"/> CR SF <input type="checkbox"/> GFA SF	\$	\$	\$	\$	\$
6.		\$	/ /	/ /	<input type="checkbox"/> kWh <input type="checkbox"/> CR SF <input type="checkbox"/> GFA SF	\$	\$	\$	\$	\$
7.		\$	/ /	/ /	<input type="checkbox"/> kWh <input type="checkbox"/> CR SF <input type="checkbox"/> GFA SF	\$	\$	\$	\$	\$
8.		\$	/ /	/ /	<input type="checkbox"/> kWh <input type="checkbox"/> CR SF <input type="checkbox"/> GFA SF	\$	\$	\$	\$	\$
9.		\$	/ /	/ /	<input type="checkbox"/> kWh <input type="checkbox"/> CR SF <input type="checkbox"/> GFA SF	\$	\$	\$	\$	\$
10.		\$	/ /	/ /	<input type="checkbox"/> kWh <input type="checkbox"/> CR SF <input type="checkbox"/> GFA SF	\$	\$	\$	\$	\$
11.		\$	/ /	/ /	<input type="checkbox"/> kWh <input type="checkbox"/> CR SF <input type="checkbox"/> GFA SF	\$	\$	\$	\$	\$
12.		\$	/ /	/ /	<input type="checkbox"/> kWh <input type="checkbox"/> CR SF <input type="checkbox"/> GFA SF	\$	\$	\$	\$	\$
13.		\$	/ /	/ /	<input type="checkbox"/> kWh <input type="checkbox"/> CR SF <input type="checkbox"/> GFA SF	\$	\$	\$	\$	\$
14.		\$	/ /	/ /	<input type="checkbox"/> kWh <input type="checkbox"/> CR SF <input type="checkbox"/> GFA SF	\$	\$	\$	\$	\$
15.		\$	/ /	/ /	<input type="checkbox"/> kWh <input type="checkbox"/> CR SF <input type="checkbox"/> GFA SF	\$	\$	\$	\$	\$
16.		\$	/ /	/ /	<input type="checkbox"/> kWh <input type="checkbox"/> CR SF <input type="checkbox"/> GFA SF	\$	\$	\$	\$	\$
17.		\$	/ /	/ /	<input type="checkbox"/> kWh <input type="checkbox"/> CR SF <input type="checkbox"/> GFA SF	\$	\$	\$	\$	\$
18.		\$	/ /	/ /	<input type="checkbox"/> kWh <input type="checkbox"/> CR SF <input type="checkbox"/> GFA SF	\$	\$	\$	\$	\$
19.		\$	/ /	/ /	<input type="checkbox"/> kWh <input type="checkbox"/> CR SF <input type="checkbox"/> GFA SF	\$	\$	\$	\$	\$
20.		\$	/ /	/ /	<input type="checkbox"/> kWh <input type="checkbox"/> CR SF <input type="checkbox"/> GFA SF	\$	\$	\$	\$	\$

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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:

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
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Street#	Street Name/P.O. Box	Direction	Suffix
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2 nd Line of Address	
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Unit/Suite/Floor	City	State/Country	Zip/Postal Code
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Phone Number	Email Address
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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
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Print Name	Title
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