

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 SURVEY FORM
GAS STATION/CAR WASH**

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) 324-4802.

A. General Information

1. Please provide the property name, year built and any addition years.
2. Please provide the type of property (office, retail, etc), # of elevators and # of stories.
3. Please provide the address of the property.
4. Please provide the 'Trading as' name reported on your business license. Do you have owner occupied space in the building and if so please provide the amount of square feet you occupy.
5. Please provide the total building area of the property including basement and mezzanine space but not parking space.
6. Please provide the total leasable area of the property.
7. Please provide the total basement area of the property. Provide the finished, unfinished, and parking area too.
8. Please provide the total number of parking spaces.
9. Please provide the total reserved/rental parking spaces.

B. 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.

C. Capital Improvements and Renovations, Deferred Maintenance & Property Information

For both owner and non-owner occupied properties, complete the following.

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 as well as the date of the last renovation. 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.

Deferred Maintenance items should include major building components which are currently in need of repair. If this property has such needed maintenance, please include an itemized listing of the individual items, along with repair cost estimates.

Check the appropriate type of improvements that exist on the property.

Enter how many gallons of gas were sold in the reporting period. Also, enter how many pumps and number and size of underground tanks exist on the property. Enter the date the tanks and pumps were last replaced.

New Construction – Attach most recent AIA G702 and G703 documents to include all hard and soft costs.

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D. Vacancy Information

1. Please provide the amount of vacant space, in square feet, available for lease on January 1 of the current year.
2. Please provide the amount of vacant space, in square feet, available for lease on January 1 of the previous year.
3. Please provide the estimated income loss due to the vacancy reported in question 1 and 2 above.
4. Please provide the actual income loss from collection, or bad debts.
5. For the vacant space listed in question 1, please provide the current asking rent for this space. The vacancy data provided is used in determining vacancy patterns for this property type.

E. Annual Income

For non-owner occupied properties, complete the following.

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

1. **Primary rental income** – Enter the actual income from rental space. This is actual gross rent received from the property. Do not include gross receipts from the sale of gas or inventory.
2. **Other rental income (specify)** – Rental income for any specially designated space which is not covered by the categories listed above. Specify the type of space to which the income relates.
3. **Miscellaneous income (specify)** – Any additional income received not covered in another category. Specify the type of source of income.
4. **Sales of utilities**– Income from the sale of utilities and services in addition to actual rent income. Usually these are cost reimbursements by the tenants over and above the base rent.
5. **Common area maintenance reimbursement** – Total income received from tenants for their share of the common area maintenance.
6. **Interest income** – Income of this property from interest earned on capital improvement accounts, reserve accounts, monthly management operating accounts, and bank deposits including CD's and treasury notes.
7. **Insurance reimbursement** – Monies paid to owner for insurance claims.
8. **Operating expense reimbursement** – Income to the property from the tenants' prorata share of the operating expenses (pass-throughs), usually above a base amount or expense stop as specified in the terms of the lease.
9. **Real estate tax reimbursement** – Income to the property from the tenants' prorata share of the real estate taxes (pass-throughs), usually above a base amount or tax stop as specified in the terms of the lease.
10. **Total actual income received** – Sum of above income.

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F. Annual Operating Expenses

For both owner and non-owner occupied properties, complete the following.

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. Capital expenditures include investments in remodeling, or replacements which materially add to the value of the property or appreciably prolong its life. Capital expenditures are requested in Section E. Please include here all other expenses to the property, including those reimbursed by the tenants.

1. Utilities

- i. **Water and sewer** – Expense of water and sewer services for this reporting period.
- ii. **Electricity** – Electrical expense.
- iii. **Primary heating fuel (specify)** – 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 electricity expense above.
- iv. **Other utilities (specify)** – Other utility expense which is not covered by the categories above.

2. Maintenance and Repairs

- i. **Maintenance payroll/supplies** – Payroll expenses for maintenance staff, and expenses for maintenance supplies.
- ii. **HVAC repairs** – Maintenance and repair expense for heating, ventilation and air-conditioning. Do not include capital repairs.
- iii. **Electric/plumbing repairs** – Maintenance and repair expense for electric and/or plumbing systems.
- iv. **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.
- v. **Common area exterior repairs** – Repairs to the outside of the property not covered elsewhere. Do not include capital items.
- vi. **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.

3. Management and Administrative

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

4. Services

- i. **Janitorial/cleaning (payroll/contract)** – Janitorial and cleaning expenses for the property.
- ii. **Landscape (grounds maintenance)** – Landscaping or grounds keeping service expenses.

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- iii. **Trash** – Expense for trash service.
- iv. **Security** – Expense for security service, guards, etc.
- v. **Snow removal** – Expense for snow removal service.
- vi. **Other services** – Other service expense which is not covered by the categories above.

5. Insurance and Taxes

- i. **Fire, casualty insurance** – (reporting period only) Some insurance policies are multi-year contracts. Please include only one year’s cost.
 - ii. **Other taxes, fees** – This includes business license tax, personal property taxes, and other taxes, exclusive of real estate taxes.
6. **Total Operating Expenses** - Sum of all operating expenses.

G. Net Operating Income

Income to the property after all fixed and operating expenses are deducted, but before deducting real estate taxes, mortgage interest and depreciation (i.e., total actual income received, Section D, less total operating expenses, Section F.

H. Real Estate Taxes

- 1. **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.
- 2. **Total expenses before real estate taxes.**

I. Tenant Inventory

If owner occupied, write in first line “Owner Occupied.” For non-owner occupied properties, complete the following.

- 1. **Tenant name or unit number** – Please indicate the name or tenant identification for each leased space. **Please place an asterisk next to any tenant on the inventory which is not on a full-service lease.** Also, indicate any vacant spaces with appropriate sizes in the next column.
- 2. **Type of Lease: Ground (G) or Building–whole property (B)** – indicate with G or B.
- 3. **Amount of ground area or floor space leased** – The square feet of space specified in the lease.
- 4. **Percentage of office** – Of the space included in the previous column, the percentage that is finished for use as office or retail space (do not include shop areas in office %).
- 5. **Lease dates** – The effective beginning and ending dates for the leases of the current tenants.
- 6. **Original annual base rent amount** – The original base (face) rent for the first year of the current lease in total dollars. This does not include escalations or reimbursements for any expenses nor does it include adjustments for free rent or concessions.

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7. **Current annual rent amount** – 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.
8. **Rent Escalations (Fixed or CPI)** – Show the percentage increase or percentage of CPI (Consumer Price Index) from the escalation clause in the lease. The additional income generated by the escalation clause in the lease for this period should be included in current rent.
9. **Expense stop** – Indicate any expense stop. This is the amount of expenses, usually expressed in dollars per square foot that the landlord has agreed to include in the basic rent. If there is not an expense stop and the tenant pays common area maintenance and/or real estate taxes separately, write “none” and show these amounts in the appropriate columns.
10. **Amount paid in excess of expense stop** – The total dollar amount paid by the tenant for expenses in excess of the agreed upon expense stop.
11. **Common area maintenance** – The annual expense paid by tenant to maintain common areas that are not designed for lease, e.g., parking, sidewalks, landscaped areas, hallways, public restrooms, etc. If common area maintenance is paid separately or not included in the expense stop, show that total dollar amount.
12. **Real estate taxes** – If real estate taxes are reimbursed by the tenant, show the annual amount.

J. 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.



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)

Gas Station 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.”

A. 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		

B. 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		Entered into IAS		Added to IDOCS
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CONFIDENTIAL

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C. Capital Improvements and Renovations, Deferred Maintenance & Property Information

<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>	
<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>	
<p>Improvements on property</p>	<p>gas kiosk car wash gas kiosk with minimart gas sales/service bays gas sales with minimart and service bays</p>
<p>How many gallons of gas sold per year</p>	
<p>Amount of pumps</p>	<p>single sided double sided</p>
<p>Number and size of underground tanks</p>	
<p>Recent replacements</p>	<p>date pumps last replaced date tanks last replaced</p>
<p><i>New Construction: Submit most recent AIA Documents G702 and G703 to include all hard and soft construction costs.</i></p>	

D. Vacancy Information
*Attach Separate Sheet if Necessary

<p>Current market rent per sq. ft for vacant space</p>	
<p>Space vacant and available for lease, January 1 (current year)</p>	
<p>Space vacant and available for lease January 1 (prior year)</p>	
<p>Income loss from vacancy (reporting period)</p>	
<p>Income loss from bad debts (reporting period)</p>	
<p>Is there a lease on the property?</p>	<p>Yes No</p>
<p>If yes, explain the type of lease (ground lease, entire property lease, or subleases)</p>	

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E. Annual Income (Indicate figure is Imputed by checking box in far-right column)			
For Period		to	
		Amount	Imputed?
Primary Rental Income (do not include gross receipts)			
Other Rental Income (include percentage rents – specify)			
Miscellaneous Income (specify)			
Sales of Utilities			
Common Area Maintenance Reimbursement			
Interest Income			
Insurance Reimbursement			
Operating Expense Reimbursement			
Real Estate Tax Reimbursement			
Parking Income			
<i>Total Annual Income (sum of above income)</i>			

F. Annual Operating Expenses			
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 – (Do not include 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			
<i>Total Operating Expenses Before Reserves and Taxes</i>			
<i>G. Net Operating Income (Total Actual Income Less Total Expenses before Real Estate Taxes)</i>			
H. Real Estate Taxes			
Reserves for Replacement			

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I. 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. (Annualize rents and expense reimbursements.)

1. Tenant Name/Unit Number (please place asterisk adjacent to it if *not* a full-service lease)
2. Amount of floor space leased (*including vacant space*)
3. BOMA ("B") or GWCAR ("W")
4. % Office
5. Lease dates (Mo/Day/Year to Mo/Day/Year)
6. Original annual base rent amount
7. Current annual rent amount
8. Rent escalations % Fixed or CPI Factor
9. Expense stop (in \$)
10. Amount paid in excess of expense stop
11. Common area maintenance
12. R.E. taxes (if separate)

Note: Please indicate the percentage of the rented space that is finished for use as office or retail (such as payment area/minimart).

Rent Roll:

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1. Tenant Name/Unit # (If Lease is <u>Not Full Service</u> Please Place Asterisk Adjacent To It)	2. Type of Lease G (ground) or B (building- whole property)	3. Amount of Floor Space Leased	4. % O F F I C E *	5. Lease Date Mo/DD/Yr – Mo/DD/Yr	ANNUAL RENT		ADDITIONAL AMOUNTS (ANNUALIZED)				
					6. Original Annual Base Rent Amount	7. Current Annual Rent Amount	8. Rent Escalations Fixed or CPI	EXPENSE REIMBURSEMENTS AND PASSES THROUGH			
								9. Expense Stop	10. Amount Paid In Excess of Expense Stop	11. Common Area Maintenance (If Separate)	12. R.E. Taxes (If Separate)

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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 (if applicable):

J. 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.

Signature	Date
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Print Name	Title
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