



Office of the Chief Financial Officer

# Apartment Income & Expense(Tax Year 2016)

Complete this report in accordance with accounting methodologies used for Federal Income Tax reporting. DC Code §47-821 stipulates that all information contained in this report shall be kept in strict confidence. Failure to submit complete and accurate information requested by the due date below is a violation of DC Code and will result in a ten percent penalty of taxes due assessed to your following year tax bill. If you have questions, or need assistance, please contact our Assessment Program Coordinator, Anthony Daniels at 202-442-6794; email: anthony.daniels@dc.gov

**DUE DATE: April 15, 2015**

**Reporting Period: Start Date:**

**End Date:**

| Square   | Suffix | Lot | Assessment Notice No.           | Required Information |     |  |
|--|--------|-----|---------------------------------|----------------------|-----|--|
| Apartment Name   |        |     |                                 |                      |     |  |
| Premise Address  |        |     |                                 |                      |     |  |
| <p><b>Please Note: If your operation encompasses more than one Square, Suffix and Lot (SSL), you may list additional SSLs below. This will afford you filing credit for the parcels within the economic unit without the necessity of filing individual forms.</b></p> |        |     |                                 |                      |     |  |
| Square   | Suffix | Lot | Square                          | Suffix               | Lot |  |
| 1.   |        |     | 2.                              |                      |     |  |
| 3.   |        |     | 4.                              |                      |     |  |
| 5.   |        |     | 6.                              |                      |     |  |
| 7.   |        |     | 8.                              |                      |     |  |
| 9.   |        |     | 10.                             |                      |     |  |
| Owner Name   |        |     |                                 |                      |     |  |
| Owner Address 1  |        |     |                                 |                      |     |  |
| Owner Address 2  |        |     |                                 |                      |     |  |
| Owner City   |        |     | State                           | Zip                  |     |  |
| <p><b>CERTIFICATION : I certify under penalty of law that the information provided is true, correct and complete to the best of my knowledge and belief. Making a false statement as to material facts is punishable by criminal penalties, D.C. code §22-2405</b></p> |        |     |                                 |                      |     |  |
| Management Company   |        |     |                                 |                      |     |  |
| Title/Relationship   |        |     |                                 |                      |     |  |
| Preparer   |        |     | Signature: <input type="text"/> |                      |     |  |
| Address  |        |     |                                 |                      |     |  |
| City   |        |     | State                           | Zip                  |     |  |
| Preparer's E-mail  |        |     | Phone                           |                      |     |  |
| Approver E-mail  |        |     | OwnersEIN                       |                      |     |  |

## Summary Of Rent Schedules :

| Efficiency         | Total<br># Units | Baths<br>Total # | Rent Control<br># Units | Non-Market<br># Units | # of Units<br>@ Market Rent | Market Rent<br>\$ / month |
|--------------------|------------------|------------------|-------------------------|-----------------------|-----------------------------|---------------------------|
| 1 Bedroom          |                  |                  |                         |                       |                             |                           |
| 2 Bedroom          |                  |                  |                         |                       |                             |                           |
| 2 Bedroom and Den  |                  |                  |                         |                       |                             |                           |
| 3 Bedroom          |                  |                  |                         |                       |                             |                           |
| 3 Bedroom and Den  |                  |                  |                         |                       |                             |                           |
| Other (List)       |                  |                  |                         |                       |                             |                           |
| <b>Total Units</b> |                  |                  |                         |                       |                             |                           |

| Retail/Commercial | # Units | Leasable SF | Weighted Avg<br>Rent / SF |
|-------------------|---------|-------------|---------------------------|
| Retail            |         |             | \$                        |
| Office            |         |             | \$                        |
| Other (List)      |         |             | \$                        |

Is this Property a participant in HUD or other Low-Income Housing Programs?

If Yes, Please indicate what type Annual Tax Credit \$ .00

List public utilities paid by tenant % of Units Participating in program %

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### VACANCY AND COLLECTION LOSS:

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|   |    |     |
|---|----|-----|
| 1. Income Loss due to Vacancy   | \$ | .00 |
| 2. Income Loss due to Collection  | \$ | .00 |
| 3. Income Loss due to Concessions   | \$ | .00 |
| 4. Income Loss due to Employee Quarters   | \$ | .00 |
| # <input style="width: 100px;" type="text"/> \$ <input style="width: 100px;" type="text"/> / year |    |     |

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### ANNUAL INCOME:

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**\*Please enter at least one value in this section\***

|   |    |     |
|---|----|-----|
| 1. Total Apartment rent collected                     | \$ | .00 |
| 2. Miscellaneous Income(Retail/Commercial)            | \$ | .00 |
| 3. Miscellaneous Income(Parking,vending,laundry, etc) | \$ | .00 |
| 4. Storage  | \$ | .00 |
| 5. Utility Reimbursements                             | \$ | .00 |
| 6. HUD interest subsidy Reimburse                     | \$ | .00 |
| 7. Other Income, (Please Specify):                    | \$ | .00 |
| 8.Total Actual Income                                 | \$ | .00 |

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**EXPENSES:**

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|                              |    |     |
|------------------------------|----|-----|
| 9. Management                | \$ | .00 |
| 10. Administrative           | \$ | .00 |
| 11. Payroll                  | \$ | .00 |
| 12. Professional Fees        | \$ | .00 |
| 13. Corporate Suite Expenses | \$ | .00 |

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**UTILITIES:**

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|                          | Paid by<br>Owner | Paid by<br>Tenant |        |
|--------------------------|------------------|-------------------|--------|
| 14. Water and Sewer      |                  |                   | \$ .00 |
| 15. Electricity          |                  |                   | \$ .00 |
| 16. Fuel (Type of fuel): |                  |                   | \$ .00 |

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**REPAIRS MAINTENANCE AND CONTRACT SERVICES**

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|   |    |     |
|---|----|-----|
| 17. Maintenance Payroll/SuppliesWater and Sewer                           | \$ | .00 |
| 18. Mechanical (HVAC, Electricital,Plumb)                                 | \$ | .00 |
| 19. Roof Repairs  | \$ | .00 |
| 20. Elevator (parts, Labor, Contract Services)                            | \$ | .00 |
| 21. Pool (parts, Labor, Contract Services)                                | \$ | .00 |
| 22. Redecorating Costs(parts, Labor, Contract Services)                   | \$ | .00 |
| 23. Janitorial/Cleaning (Supplies and contract services)                  | \$ | .00 |
| 24. Landscape, cleaning, supplies and services                            | \$ | .00 |
| 25. Trash   | \$ | .00 |
| 26. Security  | \$ | .00 |
| 27. Other Maintenance Contract services etc.<br>(Must give itemized list) | \$ | .00 |
| Total Expenses (Sum of 9 through 27)                                      | \$ | .00 |

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**FIXED EXPENSES:**

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|  |    |     |
|--|----|-----|
| 28. Insurance (One Year Fire, Casualty)                | \$ | .00 |
| 29. Miscellaneous Taxes (Non payroll,Non Property tax) | \$ | .00 |
| Total Fixed Expenses sum of Lines 28 and 29            | \$ | .00 |
| Net Operating Income                                   | \$ | .00 |

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**REPLACEMENT RESERVES:**

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|                                 |    |     |
|---------------------------------|----|-----|
| 30. Annual Replacements Reserve | \$ | .00 |
|---------------------------------|----|-----|

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**CAPITAL IMPROVEMENTS:**

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|   |    |     |
|---|----|-----|
| 31. Cost of Capital Improvements Incurred last 12months.<br>(For Capital Improvements consideration itemized list required) | \$ | .00 |
| 32. Cost of Future Capital Improvements (For future Capital<br>Improvements consideration plan and itemized list required)  | \$ | .00 |

Please provide supporting documents

