

**HOTEL/MOTEL INCOME QUESTIONNAIRE**

FOR THE 36 MONTHS FROM: 2016 TO 2018

NAME AND LOCATION OF PROPERTY

OWNER AND ADDRESS OF RECORD

\_\_\_\_\_  
 \_\_\_\_\_

TOTAL NUMBER OF RENTABLE ROOMS: \_\_\_\_\_

NUMBER OF PARKING SPACES: \_\_\_\_\_

	<u>2016</u>	<u>2017</u>	<u>2018</u>
AVERAGE ANNUAL RATE/ROOM/DAY	\$ _____	\$ _____	\$ _____
AVERAGE NUMBER OF ROOMS OCCUPIED/DAY	\$ _____	\$ _____	\$ _____
PERCENTAGE OF OCCUPANCY FOR YEAR	\$ _____	\$ _____	\$ _____
REVPAR (REVENUE PER AVAILABLE ROOM)	\$ _____	\$ _____	\$ _____

ANNUAL INCOME:

1. ROOM RENTALS	\$ _____	\$ _____	\$ _____
2. FOOD	\$ _____	\$ _____	\$ _____
3. BEVERAGES	\$ _____	\$ _____	\$ _____
4. TELEPHONE SERVICE	\$ _____	\$ _____	\$ _____
5. OTHER INCOME (ATTACH LIST)	\$ _____	\$ _____	\$ _____
6. RETAIL TENANT (ATTACH LIST)	\$ _____	\$ _____	\$ _____
7. TOTAL (LINES 1 - 6)	\$ _____	\$ _____	\$ _____

DEPARTMENTAL EXPENSES: COST OF GOODS SOLD, DEPARTMENTAL WAGES AND EXPENSES

8. ROOMS	\$ _____	\$ _____	\$ _____
9. FOOD AND BEVERAGES	\$ _____	\$ _____	\$ _____
10. TELEPHONE SERVICES	\$ _____	\$ _____	\$ _____
11. OTHER COSTS (ATTACH ITEMIZED LIST)	\$ _____	\$ _____	\$ _____
12. TOTAL DEPARTMENTAL EXPENSES (LINES 8 - 11)	\$ _____	\$ _____	\$ _____
13. GROSS OPERATING INCOME (LINE 7 MINUS LINE 12)	\$ _____	\$ _____	\$ _____

UNALLOCATED EXPENSES:

14. ADMINISTRATIVE & GENERAL EXPENSES	\$ _____	\$ _____	\$ _____
15. MARKETING	\$ _____	\$ _____	\$ _____
16. ENERGY	\$ _____	\$ _____	\$ _____
17. PROPERTY OPERATIONS & MAINTENANCE	\$ _____	\$ _____	\$ _____
18. FIRE INSURANCE & EXTEND. COVERAGE	\$ _____	\$ _____	\$ _____
19. MANAGEMENT FEE	\$ _____	\$ _____	\$ _____
20. FRANCHISE FEES	\$ _____	\$ _____	\$ _____
21. TOTAL UNALLOCATED EXPENSES (LINES 14 - 20)	\$ _____	\$ _____	\$ _____
22. NOI (LINE 13 MINUS LINE 21)	\$ _____	\$ _____	\$ _____
23. REAL ESTATE TAXES	\$ _____	\$ _____	\$ _____
24. MORTGAGE PAYMENT	\$ _____	\$ _____	\$ _____
25. BUILDING DEPRECIATION	\$ _____	\$ _____	\$ _____
26. CAPITAL EXPENDITURE (LIST)	\$ _____	\$ _____	\$ _____
27. FURN., FIXTURES & EQUIP. TOTAL VALUES	\$ _____	\$ _____	\$ _____
28. OTHER INTANGIBLE VALUES ASSIGNED	\$ _____	\$ _____	\$ _____

MORTGAGE/SALES INFORMATION: (PLEASE ATTACH A CURRENT BALANCE SHEET FOR DEFINED INTANGIBLE ASSETS WITH ASSIGNED VALUES)

1. IS THERE A CURRENT MORTGAGE ON THIS PROPERTY? ( ) YES ( ) NO

2. IF YES, PLEASE PROVIDE THE FOLLOWING DATA:

NAME OF MORTGAGE	MORTGAGE AMOUNT
_____	_____
_____	_____

INTEREST RATE	TERM OF MORTGAGE	DATE 1 <sup>ST</sup> PAYMENT	MONTHLY PAYMENT
_____	_____	_____	_____

3. PLEASE PROVIDE: DATE PURCHASED \_\_\_\_\_ CONSIDERATION \_\_\_\_\_

4. IS THERE A LEASE OR MANAGEMENT AGREEMENT? IF SO, PLEASE SUMMARIZE THE TERMS AND CONDITIONS OF AGREEMENT:

TYPE: ( ) SALE-LEASEBACK ( ) LEASE ( ) MANAGEMENT  
 OTHER ( ) \_\_\_\_\_

LESSEE OR MANAGEMENT CO. \_\_\_\_\_  
 DATE \_\_\_\_\_ TERM \_\_\_\_\_ FEE \_\_\_\_\_

5. IS THERE A FRANCHISE AGREEMENT? PLEASE SUMMARIZE THE TERMS AND CONDITIONS OF AGREEMENT:

FRANCHISE CO. \_\_\_\_\_  
 DATE \_\_\_\_\_ TERM \_\_\_\_\_ FEE \_\_\_\_\_

6. PERSONAL PROPERTY ACCOUNT NUMBER \_\_\_\_\_ ENTITY NAME \_\_\_\_\_

I DECLARE, UNDER THE PENALTIES OF PERJURY, THAT THE CONTENTS OF THIS FORM AND ALL THE ACCOMPANYING SCHEDULES AND STATEMENTS HAVE BEEN EXAMINED BY ME AND ARE TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.

OWNER'S SIGNATURE \_\_\_\_\_ TITLE OF SIGNER \_\_\_\_\_ DATE \_\_\_\_\_

PRINT/TYPE NAME OF SIGNER \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

MARYLAND STATE DEPARTMENT OF ASSESSMENTS & TAXATION



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