

**INCOME & EXPENSE DATA WORKSHEET
FOR THE 2021 BURLINGTON REASSESSMENT PROJECT**

Annual Income and Expense Statement
for the year ending: _____

MAP ID: _____
PROPERTY ADDRESS: _____

PROPERTY USE (check all that apply): Apartment Office Retail Mixed Use Shopping Center Industrial Other _____

CHECK HERE IF ANY PART OF THIS PROPERTY IS OWNER OCCUPIED:

- | | | |
|--|---------|--------------------------------------|
| 1. Total gross building area
(Including owner-occupied space) _____ | Sq. Ft. | 5. Number of parking spaces _____ |
| 2. Owner-occupied area _____ | Sq. Ft. | 6. Actual Year Built, if known _____ |
| 3. Net Leasable area _____ | Sq. Ft. | 7. Year Remodeled _____ |
| 4. Number of rental units, including owner-occupied _____ | | |

ACTUAL GROSS INCOME *	LESS, ACTUAL EXPENSES
9. Apartment Rents (From Schedule A) _____	21. Heating fuel _____
10. Office Rents (From Schedule B) _____	22. Gas and electricity _____
11. Retail Rents (From Schedule B) _____	23. Water and sewer _____
12. Mixed Rents (From Schedule B) _____	24. Other utilities _____
13. Shopping Center Rents (From Schedule B) _____	25. Payroll (do not include management) _____
14. Industrial Rents (From Schedule B) _____	26. Supplies _____
15. Other Rents (From Schedule B) _____	27. Management _____
16. Parking Rents _____	28. Insurance _____
17. Other Misc income (e.g. CAM, INS or TAX Reimbursement) _____	29. Common Area Maintenance _____
18. TOTAL ACTUAL GROSS INCOME = _____	30. Leasing Fees/Commissions/Advertising _____
19. Less, losses from vacancy and credit collection _____	31. Legal and Accounting _____
20. EFFECTIVE GROSS ANNUAL INCOME = _____	32. Elevator maintenance _____
	33. Tenant improvements _____
	34. General repairs _____
	35. Other (specify) _____
	36. Other (specify) _____
	37. Other (specify) _____
	38. Reserves _____
	39. Security _____
	40. TOTAL ACTUAL EXPENSES = _____
	41. NET OPERATING INCOME = _____

* Do not include estimates for vacancies

Return by email: commercialassessor@burlingtonvt.gov

**Return Address:
Assessor's Office
149 Church Street
Burlington, VT 05401**

DO NOT INCLUDE TAXES, DEPRECIATION OR MORTGAGE PAYMENTS AS AN EXPENSE

COPY AND ATTACH IF ADDITIONAL PAGES ARE NEEDED

PURCHASE PRICE VERIFICATION

~ Complete this section if the property was purchased within the last 10 years ~

~ ALL OWNERS MUST SIGN AND DATE THE ATTESTION BELOW ~

Purchase Price \$ _____ Down Payment: \$ _____ Purchase Date: _____

Selling Broker: _____ Broker Telephone#: _____

Date of Last Appraisal: _____ Appraisal Firm: _____ Appraised Value: \$ _____

First Mortgage: \$ _____ Interest Rate: _____% Payment Schedule Term: _____ Years Fixed Variable

Did the purchase price include monies allocated for: Furniture? \$ _____ Equipment? \$ _____ Other? \$ _____

PROPERTY CONDITION: _____ ESTIMATE OF REPAIRS NEEDED AT THE TIME OF SALE: \$ _____

Has the property been listed for sale since your purchase? Yes No

If yes, provide list price: \$ _____ Date listed: _____ Listing broker: _____ Broker's Telephone #: _____

COMMENTS: Please explain any special circumstances, or extraordinary factors that affected the purchase price, e.g., vacancy, seller motivation, conditions of sale, property condition, favorable seller financing, etc. Use this area for any other helpful information or comments.

Signature: _____ Name (Print): _____ Date: _____

Title: _____ Telephone #: _____