

MARYLAND STATE DEPARTMENT OF ASSESSMENTS & TAXATION
GOLF COURSE QUESTIONNAIRE

INCOME QUESTIONNAIRE FOR THE 36 MONTHS FROM: **2015 TO 2017**

NAME AND LOCATION OF PROPERTY

OWNER AND ADDRESS OF RECORD

CHECK COURSE CHARACTERISTICS:

() DRIVING RANGE () PRACTICE GREEN () CART PATHS () CLUB HOUSE () PRO SHOP () USGA SANCTIONED
 #TEES/HOLE _____ TYPE OF GRASS _____ WIDTH OF FAIRWAYS _____ WATER SOURCE _____
 TYPE OF IRRIGATION _____ WATER HAZARDS _____ LONGEST YARDAGE _____ PAR _____ SLOPE _____
 NUMBER OF MEMBERS _____ INITIATION FEE FOR NEW MEMBERS _____ ARE FEES REFUNDABLE? _____
 NUMBER OF HOLES _____ RATES PER ROUND (INCL. CART): WEEKDAY _____ WEEKEND _____
 TWILIGHT _____ 9 HOLE _____

	<u>2017</u>	<u>2016</u>	<u>2015</u>
NUMBER OF ROUNDS PLAYED	# _____	# _____	# _____
<u>ANNUAL INCOME:</u>			
MEMBERSHIP FEES	\$ _____	\$ _____	\$ _____
GREENS FEES	\$ _____	\$ _____	\$ _____
CART RENTAL	\$ _____	\$ _____	\$ _____
FOOD	\$ _____	\$ _____	\$ _____
BEVERAGE	\$ _____	\$ _____	\$ _____
PRO SHOP	\$ _____	\$ _____	\$ _____
PRACTICE FACILITIES	\$ _____	\$ _____	\$ _____
OTHER INCOME	\$ _____	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____	\$ _____
<u>EXPENSES:</u>			
COST OF GOODS SOLD:			
FOOD	\$ _____	\$ _____	\$ _____
BEVERAGE	\$ _____	\$ _____	\$ _____
PRO SHOP	\$ _____	\$ _____	\$ _____
CART EXPENSE	\$ _____	\$ _____	\$ _____
PRACTICE FAC. EXP.	\$ _____	\$ _____	\$ _____
GENERAL EXPENSES:			
PAYROLL	\$ _____	\$ _____	\$ _____
PAYROLL TAXES	\$ _____	\$ _____	\$ _____
MARKETING	\$ _____	\$ _____	\$ _____
MANAGEMENT FEE	\$ _____	\$ _____	\$ _____
ADMINISTRATIVE	\$ _____	\$ _____	\$ _____
INSURANCE	\$ _____	\$ _____	\$ _____
COURSE MAINTENANCE	\$ _____	\$ _____	\$ _____
BUILDING REPAIRS	\$ _____	\$ _____	\$ _____
ELECTRICITY	\$ _____	\$ _____	\$ _____
AMUSEMENT TAX	\$ _____	\$ _____	\$ _____
WATER/SEWER	\$ _____	\$ _____	\$ _____
MISC. EXPENSES	\$ _____	\$ _____	\$ _____
TOTAL EXPENSES:	\$ _____	\$ _____	\$ _____
NET OPERATING INCOME:			
REAL ESTATE TAXES	\$ _____	\$ _____	\$ _____
MORTGAGE PAYMENTS	\$ _____	\$ _____	\$ _____
BUILDING DEPRECIATION	\$ _____	\$ _____	\$ _____
RESERVES FOR REPLACEMENT	\$ _____	\$ _____	\$ _____
CAPITAL EXPENDITURES (LIST)	\$ _____	\$ _____	\$ _____

MORTGAGE / SALES INFORMATION:

- IS THERE A CURRENT MORTGAGE ON THIS PROPERTY? () YES () NO
- IF YES, PLEASE PROVIDE THE FOLLOWING DATA:

NAME OF MORTGAGE	MORTGAGE AMOUNT	INTEREST RATE
_____	_____	_____
TERM OF MORTGAGE	DATE 1 ST PAYMENT	MONTHLY PAYMENT
_____	_____	_____
- PLEASE PROVIDE: DATE PURCHASED: _____ CONSIDERATION: _____
- IS THERE A CONTROLLING 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: _____

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/TYPER NAME OF SIGNER _____ PHONE NUMBER _____