

MARYLAND STATE DEPARTMENT OF ASSESSMENTS & TAXATION
HOTEL/MOTEL INCOME QUESTIONNAIRE

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

NAME AND LOCATION OF PROPERTY

OWNER AND ADDRESS OF RECORD

TOTAL NUMBER OF RENTABLE ROOMS: _____

NUMBER OF PARKING SPACES: _____

	<u>2017</u>	<u>2016</u>	<u>2015</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	\$ _____	\$ _____	\$ _____
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 1ST 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 _____

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