MARYLAND STATE DEPARTMENT OF ASSESSMENTS AND TAXATION

TENANT LIST AND RENT SCHEDULE FOR CALENDAR YEAR 2018

(PLEASE INCLUDE RENTABLE AREAS CURRENTLY VACANT AND POTENTIAL RENT)

THIS SCHEDULE IS CONSIDERED TO BE AN INTEGRAL PART OF THE INCOME QUESTIONNAIRE. ANY AND ALL LEASES CONCERNING THE OPERATION OF THIS PROPERTY SHOULD BE SUMMARIZED HERE. TENANTS SHOULD BE IDENTIFIED BY THEIR BUSINESS NAME AS KNOWN TO THE PUBLIC. LEASE BEGINNING AND ENDING DATES SHOULD BE PROVIDED. IF ANY ITEMS ARE NOT APPLICABLE FOR A PARTICULAR TENANT, ENTER “N/A” FOR THAT TENANT. IF THE PROPERTY IS SUBJECT TO A MASTER LEASE, OR IF ANY PART IS SUBLET, DATA ON THE MASTER LEASE OR THE SUBLEASE MUST BE INCLUDED ON THE RENT SCHEDULE. IF YOU HAVE ANY QUESTIONS CONCERNING THIS FORM, PLEASE CALL THE PHONE NUMBER SHOWN ON THE LETTER.

TENANT NAME:

STATUS: ( ) MASTER NEW ( ) RENEWAL ( ) SUBLET ( ) TERMINATING ( ) PENDING ( ) VACANT
SUITE NUMBER OR LOCATION: ______________________________ SQUARE FEET OCCUPIED: _________

TERM OF LEASE: BEGINNING DATE ______ ENDING DATE ______ RENEWAL OPTIONS ______
CURRENT ANNUAL RENT: ___________ OVERAGE RENTS ON SALES (IF APPLICABLE): ___________

TENANT EXPENSES:
TAX ESCALATION BASE _______________ COMMON AREA MAINTENANCE _______________ OTHER ______
CHECK SERVICES & UTILITIES INCLUDED IN RENT:
( ) HEAT ( ) WATER ( ) GAS ( ) ELEC ( ) A/C ( ) JANITORIAL
RECENT INTERIOR FINISH COST: DATE ___________ ( ) LEASE-UP ( ) RENEWAL
OWNER’S COST $ ___________________________ TENANT COST $ ___________________________
RENT INCREASE PROVISIONS (CPI, OR OTHER): PLEASE PROVIDE EFFECTIVE DATE AND RATE OF INCREASE, EVEN FOR RENEWAL:
EFFECTIVE DATE(S): _______________ RATE OF ADJUSTMENT: _______________
LEASING COMMISSIONS PAID: DATE ______ AMOUNT ______

TENANT NAME:

STATUS: ( ) MASTER NEW ( ) RENEWAL ( ) SUBLET ( ) TERMINATING ( ) PENDING ( ) VACANT
SUITE NUMBER OR LOCATION: ______________________________ SQUARE FEET OCCUPIED: _________

TERM OF LEASE: BEGINNING DATE ______ ENDING DATE ______ RENEWAL OPTIONS ______
CURRENT ANNUAL RENT: ___________ OVERAGE RENTS ON SALES (IF APPLICABLE): ___________

TENANT EXPENSES:
TAX ESCALATION BASE _______________ COMMON AREA MAINTENANCE _______________ OTHER ______
CHECK SERVICES & UTILITIES INCLUDED IN RENT:
( ) HEAT ( ) WATER ( ) GAS ( ) ELEC ( ) A/C ( ) JANITORIAL
RECENT INTERIOR FINISH COST: DATE ___________ ( ) LEASE-UP ( ) RENEWAL
OWNER’S COST $ ___________________________ TENANT COST $ ___________________________
RENT INCREASE PROVISIONS (CPI, OR OTHER): PLEASE PROVIDE EFFECTIVE DATE AND RATE OF INCREASE, EVEN FOR RENEWAL:
EFFECTIVE DATE(S): _______________ RATE OF ADJUSTMENT: _______________
LEASING COMMISSIONS PAID: DATE ______ AMOUNT ______
TENANT NAME:
STATUS: ( ) MASTER NEW ( ) RENEWAL ( ) SUBLET ( ) TERMINATING ( ) PENDING ( ) VACANT
SUITE NUMBER OR LOCATION: ___________________________ SQUARE FEET OCCUPIED: __________
TERM OF LEASE: BEGINNING DATE___________ ENDING DATE_________ RENEWAL OPTIONS _________
CURRENT ANNUAL RENT: _______________ OVERAGE RENTS ON SALES (IF APPLICABLE): ______________
TENANT EXPENSES:
TAX ESCALATION BASE ______________________ COMMON AREA MAINTENANCE ______________ OTHER _______
CHECK SERVICES & UTILITIES INCLUDED IN RENT:
( ) HEAT ( ) WATER ( ) GAS ( ) ELEC ( ) A/C ( ) JANITORIAL
RECENT INTERIOR FINISH COST: DATE___________ ( ) LEASE-UP ( ) RENEWAL
OWNER’S COST $____________________ TENANT COST $____________________
RENT INCREASE PROVISIONS (CPI, OR OTHER): PLEASE PROVIDE EFFECTIVE DATE AND RATE OF INCREASE, EVEN FOR RENEWAL:
EFFECTIVE DATE(S): _______________ RATE OF ADJUSTMENT: __________________
LEASING COMMISSIONS PAID: DATE_______ AMOUNT ______

PLEASE REPRODUCE AS NEEDED, AND RETURN WITH THE ATTACHED QUESTIONNAIRE. THE TOTAL LEASED SPACE, OCCUPIED AND VACANT, SHOULD EQUAL THE NET RENTABLE AREA SHOWN ON THE INCOME QUESTIONNAIRE. TOTAL RENTAL INCOME SHOULD EQUAL THE GROSS POSSIBLE INCOME ON THE QUESTIONNAIRE. WHERE THERE IS A MASTER LEASE THIS MAY VARY.

Submit to the appropriate assessment office where the property is located.
A list of offices is attached.