



**NEW YORK STATE DEPARTMENT OF TAXATION & FINANCE
OFFICE OF REAL PROPERTY TAX SERVICES**

Dear Property Owner or Manager:

I am requesting economic information to aid in the valuation of your commercial property using the income approach. This method requires the use of building rental income and expense information. The income from the business you operate is not required. Only the actual rental income of your building and the actual expenses to maintain the building are required. Please complete both sides of this form and return it in the enclosed return envelope within two weeks. Please contact my office at the number above if you have any questions.



PLEASE USE DATA FROM THE LAST COMPLETE YEAR.

Statement year: _____

Statement completed by (name): _____

Owner Tenant Agent Other (please identify) _____

Phone number you can be reached at: () _____

Percent of building that is owner occupied: _____ %

Estimate of what the owner occupied area would rent for: \$ _____

Comments: _____

SWIS: _____ S/B/L: _____ CARD NO.: _____ SITE ID: _____

LEASE AND RENTAL DATA

Used As Code	Location	Tenant Name/ Type of Business	No. of Units	Term of Lease	Monthly or Annual Contract Rent*	Annual Actual Rent	Vacancy for Year (%)	Area Leased Sq. Ft.
	Bsmt. 1 st Upper TOTAL							
Total								

*Is an overage clause part of the agreement? Yes No

Record Annual Expenses in Dollar Amounts		Expenses	
		Owner	Tenant
Fixed Expenses:	Insurance (1 Yr.)	\$	\$
	Real Est. Taxes	\$	\$
	Other	\$	\$
Building Services:	Cleaning	\$	\$
	Security	\$	\$
	Elevator	\$	\$
	Rubbish Removal	\$	\$
	Other	\$	\$
Utilities:	Heat	\$	\$
	Electric	\$	\$
	Water	\$	\$
	Other	\$	\$
Maintenance:	Repairs	\$	\$
	Painting & Dec.	\$	\$
	Other	\$	\$
Reserve/Replacement:		\$	\$
Management:	Commissions	\$	\$
	Legal & Accounting	\$	\$
	Advertising	\$	\$
	Other	\$	\$
Miscellaneous:		\$	\$
		\$	\$
Total Expenses:		\$	\$

Apartments:			
	Used	No.	Per Month
Efficiency:	_____	_____ @	\$ _____
	_____	_____ @	\$ _____
	_____	_____ @	\$ _____
1 Bedroom:	_____	_____ @	\$ _____
	_____	_____ @	\$ _____
2 Bedroom:	_____	_____ @	\$ _____
	_____	_____ @	\$ _____
3 Bedroom:	_____	_____ @	\$ _____
	_____	_____ @	\$ _____
Janitor/Manager:	_____	_____ @	\$ _____
Garage/Carport:	_____	_____ @	\$ _____
Other Income:	_____	_____ @	\$ _____
Annual Income @ 100% Occupancy..... \$ _____			
Annual Vacancy & Credit Loss..... - \$ _____			
Total Other Income + \$ _____			
Total Annual Income \$ _____			
OFFICE USE ONLY			
Valuation District:			
Overall Year:			
Field:			
Sent:			