** CONFIDENTIAL **
# WILLIAMSON COUNTY, TENNESSEE
# PROPERTY ASSESSOR'S OFFICE
1320 West Main Street, Suite 300
Franklin, Tennessee 37064
(615) 790-5708

Brad Coleman
Assessor of Property

Williamson County
Tennessee
www.williamsoncounty-tn.gov

HOTEL / MOTEL PROPERTY INCOME AND EXPENSE QUESTIONNAIRE

ALL INFORMATION FURNISHED BY THE PROPERTY OWNER WILL BE FOR THE USE OF THE WILLIAMSON COUNTY OFFICE OF THE PROPERTY ASSESSOR. UNDER THE AUTHORITY OF THE TENNESSEE COURT RULES ANNOTATED, RULES OF CIVIL PROCEDURE 34.01, THIS INFORMATION WILL BE REQUESTED AS APPLICABLE IN HEARINGS BEFORE THE STATE BOARD OF EQUALIZATION. ALL DATA FURNISHED WILL REMAIN CONFIDENTIAL IN ACCORDANCE WITH 67-5-402 OF THE TENNESSEE TAX CODE ANNOTATED, AND WILL NOT APPEAR ON ANY DOCUMENTS THAT ARE AVAILABLE TO THE PUBLIC.

PLEASE COMPLETE AND RETURN TO THE ABOVE ADDRESS BY

April 15, 2012

List all Map and Parcel numbers in this statement _____

Accounting Period: **Beginning** Month _____ Year _____ **Ending** Month _____ Year _____

Name of Project: _____

Property Address: _____

Name of Owner: _____

Name of Agent / Management Firm: _____

Address of Agent / Management Firm: _____

_____

Does the Agent / Management Firm have an ownership in the property? YES or NO (please circle)

Are any operating expenses paid to persons with an ownership interest? YES or NO (attach explanation if YES)

_____

NOTE: Income and Expense information will not be considered valid unless signed and dated by owner or officer of the corporation or an authorized agent as requested below. **IMPORTANT: AGENTS AND PROPERTY MANAGERS MUST ATTACH EXPRESS WRITTEN AUTHORITY FROM OWNER TO SIGN THIS FORM.**

ALL OF THE INFORMATION PROVIDED HERIEN HAS BEEN EXAMINED BY ME AND IS TRUE, CURRENT AND COMPLETE, TO THE BEST OF MY KNOWLEDGE.

Name:_____ **Signed**_____
(Please print) **(Signature of Owner or Authorized Agent)**

Title_____ **Company**_____

Telephone Number (_____) _____ Date _____

INCOME & EXPENSE INFORMATION

REVENUE

Rooms _____
Food _____
Beverage _____
Telephone _____
Rental _____
Parking _____
Other _____
(Please explain)

_____

TOTAL REVENUES…… $_____

DEPARTMENTAL EXPENSES

Rooms
Salaries & Wages _____
Payroll Taxes & Benefits _____
Laundry, Linen & Guests _____
Commissions _____
Reservation Expense _____
Contract Cleaning _____
Equipment Leases _____
Other Room Expenses _____
(Please explain)

_____

TOTAL ROOM EXPENSES…… $_____

Food & Beverage
Salaries & Wages _____
Payroll Taxes & Benefits _____
Laundry, Linen & Guests _____
China, Glassware, Silver & Linen _____
Contract Cleaning _____
Cost of Goods Sold (Food & Bev) _____
Equipment Leases _____
Other Operating Costs _____
(Please explain)

_____

TOTAL FOOD & BEVERAGE EXPENSES……..… $_____

Other Departmental Expenses
(Please explain) _____

_____

TOTAL OTHER DEPARTMENTAL EXPENSES……. $_____

TOTAL DEPARTMENTAL EXPENSES…….……. $ _____

UNDISTRIBUTED OPERATING EXPENSES

Administrative & General

Payroll & Admin _____
Legal & Accounting _____
Other (please explain) _____

_____

TOTAL ADMIN & GENERAL EXP……... $_____

Management

Base Fee _____
Incentive Fee _____
Other (please explain) _____

_____

TOTAL MANAGEMENT EXP…… $ _____

Marketing

Salaries & Benefits _____
Advertising _____
Franchise Fee _____
Other (please explain) _____

_____

TOTAL MARKETING EXP……..…… $ _____

Property Operations & Maintenance

Payroll _____
Supplies _____
HVAC Repairs _____
Electric Repairs _____
Plumbing Repairs _____
Elevator Rep / Maint _____
Exterior Repairs _____
Roof Repairs _____
Misc Repairs (please explain) _____

_____

TOTAL OPERATIONS & MAINTENANCE EXP…. $_____

Energy Costs

Electricity _____
Gas _____
Fuel Oil _____
Water & Sewer _____

TOTAL ENERGY EXP…… $_____

TOTAL UNDISTRIBUTED EXPENSES……..... $ _____

Misc Taxes & Insurance

Personal Property Taxes _____
Business License Tax _____
Insurance (building) _____
Insurance (contents) _____
Reserves for Replacement _____

TOTAL FIXED EXPENSES……..…. $ _____

TOTAL OVERALL EXPENSES $_____

Total number of rooms _____

Capacity of conference / meeting facilities _____

Average daily room rate achieved _____

Occupancy percentage achieved _____

Leased Operations

Restaurants $_____
Number _____ Seating Capacity _____

Gift Shop $_____

Other (explain) $_____

_____

_____

_____

_____

PLEASE ATTACH A COPY OF THE AVERAGE ROOM RATES BY CATEGORY (I.E., SINGLE, DOUBLE, GROUP, GOVERNMENT, SPECIAL, ETC.)