

Gross Annual Property Expenses for 2024
(year)

Tax Key # _____
(For tax key – see cover letter)

Property Address _____

Confidential

Utilities

Heat \$ _____
Water/Sewer \$ _____
Gas \$ _____
Electric \$ _____
Other \$ _____
\$ _____

Administrative Expenses

Office \$ _____
Wages/Salary \$ _____
Leasing Costs \$ _____
Legal \$ _____
Advertising \$ _____
Accounting \$ _____
Misc. \$ _____
\$ _____

Operating Expenses

Repairs \$ _____
Security \$ _____
Supplies \$ _____
Annual Insurance \$ _____
(fire/liability only)
Elevator \$ _____
Grounds \$ _____
Janitorial \$ _____
Trash Collection \$ _____
Pest Control \$ _____
Common Area Maintenance .. \$ _____
(not reimbursed by tenant)
Misc \$ _____
\$ _____

Management \$ _____

Real Estate Taxes \$ _____
(not reimbursed by tenant)

Reserves for Replacement \$ _____
(examples: roof, paving, mechanicals, floor coverings)

Total Expenses \$ _____

Instructions –

- Please report the operating expenses for the last complete year (12 month period). Enter the annual expenses for the items listed.
- Report all expenses you incurred on your building to the most appropriate category listed on this form.
- Round to the nearest dollar amount.
- **Do not include depreciation allowances or mortgage payments as an expense.**
- **Adjust expenses that do not occur annually to an annual basis.**
(For example: Leasing Costs and Fire and Liability insurance with one payment covering multiple years).

Year which expenses represent January 2024 to December 2024
(month) (year) (month) (year)

Preparer name (and title) Date Telephone number

Email address: _____

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Current Rent Roll of COMMERCIAL Tenants

Tenant		Floor #	Square Feet Occupied	Leased From Mo/Yr to Mo/Yr	Cost of Leasehold Improvements provided by:		Current MONTHLY Rent or Rent/Sq. Ft.	Rent Includes Y = Yes N = No		Number of Months Unit Vacant (last 36 months)	ANNUAL Miscellaneous Income	ANNUAL Income From Percentage Rents	ANNUAL Income From Common Area Maintenance	Additional Real Estate Taxes Paid by Tenant (annual amount)
Name	Unit #				Lessor	Lessee		Heat	Electric					

Current Rent Roll of APARTMENT Tenants

Please list all the rentable areas of your building, occupied and vacant (including owner occupied space).

Other Income Items

Unit Name or Type (Bedroom Count)	# Units of this type	Description of Apartment			Current Contract Rent (existing leases)	Monthly Asking Rent	Rent Includes Y = Yes N = No		Number of Units Currently Vacant
		# Bedrooms	# Baths	Approximate Size (Sq Ft)			Heat	Electric	

Items	Annual Income
Parking	
Garage	
Pets	
Laundry	
Storage	

Date which rent roll represents _____
(month) (year)

Preparer Name (and title) _____

Date _____

Telephone number _____