

## Annual Expenses for All Property Uses

| Parcel ID:                  |  |                    |                  | Expenses for                |  | 2017               |                  | LUC |  |
|-----------------------------|--|--------------------|------------------|-----------------------------|--|--------------------|------------------|-----|--|
| Location:                   |  |                    |                  | Calendar Year:              |  |                    |                  |     |  |
|                             | <b>CHECK HERE IF OWNER-<br/>OCCUPIED</b> | Landlord<br>Amount | Tenant<br>Amount |                             |  | Landlord<br>Amount | Tenant<br>Amount |     |  |
| Management & Administrative |  |                    |                  | Maintenance & Cleaning      |  |                    |                  |     |  |
| Management Wages or Fee     |  | \$                 | \$               | Wages                       |  | \$                 | \$               |     |  |
| Legal & Accounting          |  | \$                 | \$               | Supplies                    |  | \$                 | \$               |     |  |
| Security Wages              |  | \$                 | \$               | Maint. Service Contract Fee |  | \$                 | \$               |     |  |
| Payroll                     |  | \$                 | \$               | Grounds Keeping             |  | \$                 | \$               |     |  |
| Group Insurance             |  | \$                 | \$               | Rubbish Removal             |  | \$                 | \$               |     |  |
| Telephone                   |  | \$                 | \$               | Snow Removal                |  | \$                 | \$               |     |  |
| Advertising                 |  | \$                 | \$               | Exterminator                |  | \$                 | \$               |     |  |
| Commissions                 |  | \$                 | \$               | Other                       |  | \$                 | \$               |     |  |
| Other                       |  | \$                 | \$               |                             |  | \$                 | \$               |     |  |
| Total                       |  | \$                 | \$               | Total                       |  | \$                 | \$               |     |  |
| Repairs & Alterations       |  |                    |                  | Capital Improvements        |  |                    |                  |     |  |
| Exterior                    |  | \$                 | \$               | Description                 |  |                    |                  |     |  |
| Interior                    |  | \$                 | \$               |                             |  | \$                 | \$               |     |  |
| Mechanical                  |  | \$                 | \$               |                             |  | \$                 | \$               |     |  |
| Electrical                  |  | \$                 | \$               |                             |  | \$                 | \$               |     |  |
| Plumbing                    |  | \$                 | \$               |                             |  | \$                 | \$               |     |  |
| Total                       |  | \$                 | \$               | Total                       |  | \$                 | \$               |     |  |
| Utilities                   |  |                    |                  | Other Expenses              |  |                    |                  |     |  |
| Electricity                 |  | \$                 | \$               | Real Estate Taxes           |  | \$                 | \$               |     |  |
| Gas                         |  | \$                 | \$               | Reserve for Replacement     |  | \$                 | \$               |     |  |
| Oil                         |  | \$                 | \$               | Apartments for Employees    |  | \$                 | \$               |     |  |
| Water                       |  | \$                 | \$               | Insurance (1 yr. Premium)   |  | \$                 | \$               |     |  |
| Sewer                       |  | \$                 | \$               |                             |  | \$                 | \$               |     |  |
| Total                       |  | \$                 | \$               | Total                       |  | \$                 | \$               |     |  |
| Comments:                   |  |                    |                  |                             |  |                    |                  |     |  |

I certify under the pains and penalties of perjury that the information supplied herewith is true and correct:

Submitted by: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

|                       |                                  |                       |             |            |
|-----------------------|----------------------------------|-----------------------|-------------|------------|
| <b>Parcel ID:</b>     | <b>COMM. &amp; IND. PROPERTY</b> | <b>Income for</b>     | <b>2017</b> | <b>LUC</b> |
| <b>Prop Location:</b> |                                  | <b>Calendar Year:</b> |             |            |

| Tenant Name | Use | Floor Level | Leased Area (Sq. Ft.) | Gross, Net Or NNN | Lease Start Date (Month/Yr) | Lease End Date (Month/Yr) | Renewal Options | Overage or Percentage | Escalation Clause | Monthly Rent | Annual Rent |
|-------------|-----|-------------|-----------------------|-------------------|-----------------------------|---------------------------|-----------------|-----------------------|-------------------|--------------|-------------|
|             |     |             |                       |                   |                             |                           |                 |                       |                   |              |             |
|             |     |             |                       |                   |                             |                           |                 |                       |                   |              |             |
|             |     |             |                       |                   |                             |                           |                 |                       |                   |              |             |
|             |     |             |                       |                   |                             |                           |                 |                       |                   |              |             |
|             |     |             |                       |                   |                             |                           |                 |                       |                   |              |             |
|             |     |             |                       |                   |                             |                           |                 |                       |                   |              |             |
|             |     |             |                       |                   |                             |                           |                 |                       |                   |              |             |
|             |     |             |                       |                   |                             |                           |                 |                       |                   |              |             |
|             |     |             |                       |                   |                             |                           |                 |                       |                   |              |             |
|             |     |             |                       |                   |                             |                           |                 |                       |                   |              |             |
|             |     |             |                       |                   |                             |                           |                 |                       |                   |              |             |
|             |     |             |                       |                   |                             |                           |                 |                       |                   |              |             |
|             |     |             |                       |                   |                             |                           |                 |                       |                   |              |             |
|             |     |             |                       |                   |                             |                           |                 |                       |                   |              |             |
|             |     |             |                       |                   |                             |                           |                 |                       |                   |              |             |
|             |     |             |                       |                   |                             |                           |                 |                       |                   |              |             |
|             |     |             |                       |                   |                             |                           |                 |                       |                   |              |             |
|             |     |             |                       |                   |                             |                           |                 |                       |                   |              |             |
|             |     |             |                       |                   |                             |                           |                 |                       |                   |              |             |
|             |     |             |                       |                   |                             |                           |                 |                       |                   |              |             |

OTHER INCOME: Cell Towers, Billboards, Vending, Parking

| Source | Monthly Amount | Annual Collected | Comments: |
|--------|----------------|------------------|-----------|
|        | \$             | \$               |           |
|        | \$             | \$               |           |
|        | \$             | \$               |           |

**Calendar Year Income Summary**

| Total Potential Gross Income | Total Concessions | Total Vacancies | Total Collection Loss | Total Parking Income | Total Other Income | Total Rent Collected |
|------------------------------|-------------------|-----------------|-----------------------|----------------------|--------------------|----------------------|
| \$                           | (\$ )             | (\$ )           | (\$ )                 | \$                   | \$                 | \$                   |

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_