

# Rutherford County Income and Expense Questionnaire for Hospitality Properties for Year 2017

Property Type: (Full/Ltd., Service, Extended Stay, etc.) \_\_\_\_\_ Property Address: \_\_\_\_\_

\_\_\_\_\_ Project Name: \_\_\_\_\_

Parcel: \_\_\_\_\_ Acct #: \_\_\_\_\_ Total Number of Rooms: \_\_\_\_\_

Total Number of Rooms Out of Service for 2016: \_\_\_\_\_ In Room Nights

Total Number of Room Nights: \_\_\_\_\_

Gross Area of Meeting/Conference Facilities: \_\_\_\_\_

Capacity of Meeting/Conference Facilities: \_\_\_\_\_

Average Daily Room Rate Achieved in 2016: \_\_\_\_\_

Percentage of Occupancy Achieved in 2016: \_\_\_\_\_

Projected Average Daily Room Rate for 2017: \_\_\_\_\_

Average Room Rates Achieved in 2016:

**Single                      Double                      Group**

**2016 REVENUES**

- |   |                           |  |
|---|---------------------------|--|
| 1 | Rooms                     |  |
| 2 | Food & Beverage           |  |
| 3 | Entertainment             |  |
| 4 | Vending                   |  |
| 5 | Meeting/Conference Rental |  |
| 6 | Other                     |  |
| 7 | Other                     |  |

**2016 EXPENSES**

- |   |                         |  |
|---|-------------------------|--|
| 1 | Property Management Fee |  |
| 2 | Accounting & Legal Fees |  |
| 3 | Repairs and Maintenance |  |
| 4 | Interior Painting       |  |
| 5 | Trash Removal           |  |
| 6 | Lawn Care - Landscaping |  |
| 7 | Pest Control            |  |
| 8 | Salaries & Wages        |  |
| 9 | Contract Cleaning       |  |

**Management Firm or Agent**

\_\_\_\_\_

Does the Management Firm or Agent have an ownership interest in the property?

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

If yes, please attach explanation

**Management Firm/Agent Contact Information**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are Operating Expenses paid to any person(s) with an ownership interest?

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

If yes, please attach explanation

**How are Franchise Fees Calculated?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**How are Management Fees Calculated?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Attach explanation if necessary

- 10 Laundry, Linen & Guest Supplies \_\_\_\_\_
- 11 Commissions \_\_\_\_\_
- 12 Franchise Fee \_\_\_\_\_
- 13 Utilities \_\_\_\_\_
  - 13a Electric \_\_\_\_\_
  - 13b Water/Sewer \_\_\_\_\_
  - 13c Gas \_\_\_\_\_
- 14 Property Taxes \_\_\_\_\_
- 15 Capital Improvements \_\_\_\_\_
- 16 Annual Property Insurance \_\_\_\_\_

Please return the completed form to:  
 Rutherford County Property Assessor Office  
 Attn: John Shearron  
 319 North Maple Street Suite 200  
 Murfreesboro, TN 37130  
 or via email at the following:  
 jshearron@rutherfordcountytg.gov

Comments, explanations, or any supporting data can be attached to this form and submitted.

Attach Project Description

**LONG LIVED ITEMS THAT HAVE BEEN REPLACED**

**COST NEW**

**YEAR ITEM REPLACED**

- 17 Roof Cover \_\_\_\_\_
- 18 Furniture \_\_\_\_\_
- 19 Heat & Cool Systems \_\_\_\_\_
- 20 Floor Cover \_\_\_\_\_
- 21 Plumbing Fixtures \_\_\_\_\_
- 22 Hot Water Heaters \_\_\_\_\_
- 23 Exterior Painting \_\_\_\_\_

**Restaurant**

Comp Breakfast Offered?  
 Yes \_\_\_\_\_ No \_\_\_\_\_

Number and Type of restaurant(s)  
 \_\_\_\_\_

Seating Capacity \_\_\_\_\_

If restaurant is leased:  
 Lease Term \_\_\_\_\_  
 Annual Rent \_\_\_\_\_

Seating Capacity \_\_\_\_\_

Attach lease if necessary

***Please Indicate the Following***

Year Purchased: \_\_\_\_\_ Purchase Price: \_\_\_\_\_  
 Year Built: \_\_\_\_\_ Construction Cost: \_\_\_\_\_

Management Firm: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Date: \_\_\_\_\_

All information, including the accompanying schedules and statements, has been examined by me and to the best of my knowledge and belief are true, correct, and complete.

Title: \_\_\_\_\_

Print Name: \_\_\_\_\_

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