

**TAX YEAR: 2024**

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Tax key number: \_\_\_\_\_

Please complete the information requested on this form and the Confidential Rent Roll. The data that we are requesting is related to the income and expenses the building / land generate. Information should be as of January 1, 2024. We are not interested in the income and expenses of the actual business(es). Use additional sheets if necessary. A copy of your current rent schedule may be attached in lieu of completing the attached Confidential Rent Roll if it provides all of the information outlined.

**OWNER INFORMATION\***

<b>Name (print)</b>	_____	<b>Phone</b>	_____
<b>Signature</b>	_____	<b>Date</b>	_____
<b>Email</b>	_____		
<b>Mailing Address</b>	_____		

\*If an agent is representing the property owner, the property owner must provide prior written authorization for the agent to represent the company when contacting the reviewing authority. Agent Authorization form (PA-105) is available at <https://www.revenue.wi.gov/DORForms/pa-105.pdf>

**BUILDING INFORMATION**

<b>Gross Building Area – Sq Ft</b>	_____	<b>Area Currently Leased – Sq Ft</b>	_____
<b>Gross Leasable Area – Sq Ft</b>	_____	<b>Area Currently Vacant – Sq Ft</b>	_____

Does the owner occupy any space within the building? Y / N      If yes, \_\_\_\_\_ Sq. Ft.

Are tenants required to reimburse real estate taxes? Y / N

**SITE INFORMATION**

Are you aware of any soil contamination? Y / N

Do you have a Phase I report? Y / N

Do you have a Phase II report? Y / N

Is there any Ground Lease(s)? Y / N      If yes, include copy of lease.

**PARKING**

Number of Covered Parking Spaces \_\_\_\_\_

Number of Surface Parking Spaces \_\_\_\_\_

**Remarks:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INCOME & EXPENSES SUMMARY**

Enter the annual expense prior to tenant reimbursement for the items listed. Round to the nearest dollar. If you list Other Expenses, describe the expense in the space provided. Use estimates if actual data is not available. Prorate expenses that do not occur annually.

	Year 1	Year 2	Year 3
<b>INCOME</b>			
Rental Income			
Late Fees			
Parking/Garage(s)			
Vending			
Reimbursements – Taxes			
Reimbursements – Maintenance			
Reimbursements – Utility			
Other (specify)			
<b>TOTALS</b>			
<b>OPERATING EXPENSES</b>			
<b>MANAGEMENT</b>			
Wages, Salaries & Benefits			
Insurance			
Accounting & Legal			
Advertising & Marketing			
Leasing Commissions			
Office/Telephone			
Other (specify)			
<b>UTILITIES</b>			
Gas & Electric – Common Area			
Gas & Electric – Leased Areas			
Sewer/Water/Garbage			
Other (specify)			
<b>SUPPLIES</b>			
Office			
Janitorial/Cleaning			
Other (specify)			
<b>MAINTENANCE &amp; REPAIRS</b>			
General Repairs			
Decorating			
Elevator			
Grounds/Snow Removal			
<b>ANNUAL RESERVES</b>			
Capital Improvements			
Other (specify)			
<b>OTHER EXPENSES</b>			
Amortization			
Depreciation			
Interest			
Mortgage			
Taxes			
Other (specify)			
<b>TOTALS</b>			



