

Complete this report in accordance with accounting methodologies used for Federal Income Tax reporting. DC Code §47-821 stipulates that all information contained in this report shall be kept in strict confidence. Failure to submit complete and accurate information requested by the above date is a violation of DC Code and will result in a ten percent penalty of taxes due assessed to your following year tax bill.If you have questions, or need assistance, please contact our Assessment Program Coordinator, Anthony Daniels at 202-442-6794; email: anathony.daniels@dc.gov

DUE DATE: April 15, 2015

Reporting Period: Start Date: [] End Date: []

= Required Information

Square [] Suffix [] Lot [] Assessment Notice No. []

Hotel/Motel Name []
Premise Address []

Please Note: If your operation encompasses more than one Square, Suffix and Lot (SSL), you may list additional SSLs below. This will afford you filing credit for the parcels within the economic unit without the necessity of filing individual forms.

1. Square [] Suffix [] Lot [] 2. Square [] Suffix [] Lot []
3. Square [] Suffix [] Lot [] 4. Square [] Suffix [] Lot []
5. Square [] Suffix [] Lot [] 6. Square [] Suffix [] Lot []
7. Square [] Suffix [] Lot [] 8. Square [] Suffix [] Lot []
9. Square [] Suffix [] Lot [] 10. Square [] Suffix [] Lot []

Owner Name []
Owner Address 1 []
Owner Address 2 []
Owner City [] State [] Zip []

CERTIFICATION : I certify under penalty of law that the information provided is true, correct and complete to the best of my knowledge and belief. Making a false statement as to material facts is punishable by criminal penalties, D.C. code §22-2405

Management Company []
Title/Relationship [] Signature: []
Preparer []
Address []
City [] State [] Zip []
Preparer's E-mail [] Phone []
Approver E-mail [] Owners EIN []

Hotel Operations: Franchise Chain

Total Number of Guest Rooms []

Number of Parking Spaces		
Average Number of rooms Occupied/ Day		
Average Daily Room Rate	\$	.00
Occupancy Rate		%
RevPAR		

ACCOUNTING METHODOLOGY

Method Used to Prepare this Statement

Accrual Cash

ANNUAL REVENUE:

* Please enter at least one value in this section*

1. Room Revenue	\$	.00
2. Food and Beverage	\$	.00
3. Telephone Service	\$	.00
4. Other Income	\$	.00
5. Rental Income	\$	.00
6. TOTAL REVENUE	\$	.00

OPERATED DEPARTMENT COSTS:

7. Rooms	\$	.00
8. Food and Beverage	\$	.00
9. Telephone Service	\$	.00
10. Other Costs	\$	.00
11. TOTAL OPERATED DEPARTMENT COSTS	\$	.00
12. GROSS OPERATING INCOME	\$	.00

UNALLOCATED OPERATING EXPENSES:

13. Administrative and General	\$	.00
14. Property Operations and Maintenance	\$	.00
15. Utility Expenses	\$	.00
16. Marketing (exclude hotel chain expenses)	\$	.00
17. Other Costs	\$	.00
18. Insurance	\$	.00
19. Public Space Rental	\$	.00
20. TOTAL UNALLOCATED OPERATING EXPENSES	\$	.00
21. NET OPERATING INCOME	\$	.00
22a. Base Management Fee	\$	.00
22b. Incentive Management Fee	\$	.00
23. Franchise Fee	\$	.00
24. Replacement Reserves	\$	.00
25. Real Estate Taxes	\$	.00
26. FF and E Value	\$	.00
27. Capital Expenditures, Last 12 months	\$	.00
28. Capital Expenditures, Next 5 years	\$	.00

(As reported in most recent Personal Property tax return)

Please provide supporting documents

ANNUAL GROUND RENT:

29. List Annual Ground Rent If Applicable. \$.00

30. Inception Date of Lease

31. Ending Date of Lease

MORTGAGE/SALES/MANAGEMENT INFORMATION:

1. Is there a current mortgage on the property? Yes No

If Yes, please provide the following data:

Name of Mortgage Company

Terms of Mortgage Mortgage Amount \$.00
Interest Rate %

Current Mortgage Balance \$.00 Date of Mortgage

2. List the most recent partial or complete interest transfer of the real property of the last 3 years:

Purchase Date
Percent of Ownership %
Purchase Amount \$.00

If a Franchise/Management Agreement Exists:

Date it was Last Negotiated

3. Date of Most Recent Professional Appraisal

Value of Most Recent Professional Appraisal \$.00

Appraisal Firm/Individual