

Hotels and Motels Income and Expense Information

Income year: _____

Section 1 - General Information

Municipality _____	Contact name _____
Roll number _____	Phone number _____
Civic address _____	Cell number _____
Property name _____	Email _____

Section 2 – Property Characteristic Information

Please indicate if your property has the following amenities.

	<u>Seating Capacity</u>	<u>Annual Revenue</u>
restaurant	_____	\$ _____
dining room	_____	\$ _____
beverage room	_____	\$ _____
lounge	_____	\$ _____
licensed patio	_____	\$ _____
banquet rooms	_____	\$ _____
meeting rooms	_____	\$ _____
convention facilities	_____	\$ _____
video lottery terminals (no. VLT's)	_____	\$ _____
owner/manager suite (no. bedrooms)	_____	\$ _____
ATM		\$ _____
Vendor		\$ _____
hotel/motel rooms		\$ _____

Section 3 – Hotel / Motel Room Information

	single	double	suite/theme room
Number of rooms	_____	_____	_____
Average room rate	\$ _____	\$ _____	\$ _____
Occupancy _____ %			

Section 4 – Additional Amenities

Please indicate if your property has the following amenities

indoor pool	outdoor pool	waterslide
hot tub	sauna	exercise facilities

Section 5 - Leased Area

If you have leased area, please indicate the type of leased area, annual rent

<u>Tenant name</u>	<u>Area (sq ft)</u>	<u>Rent</u>
_____	_____	\$ _____
_____	_____	\$ _____

Section 6 – Expense Information

Management Expenses

If owner managed, are owner wages reported on the financial statements as wages or as management?

wages	management	amount \$ _____
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If not owner managed, is the property managed by an on-site manager or management company?

on site	management
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Are management fees reported on the financial statements as wages or as management?

wages	management	amount \$ _____
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Capital Expenses

Has the property had any capital improvements in the last year? yes no

If yes, please provide a breakdown of capital expenses

	<u>Expenses</u>	<u>Details</u>
building furniture,	\$ _____	_____
fixtures, and equipment	\$ _____	_____

Vehicle Expenses

shuttle service	\$ _____	pick up and delivery of supplies	\$ _____
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Please provide a breakdown of vehicle expenses:

operating costs (maintenance, repair, etc.)	\$ _____	purchase/leasing costs	\$ _____
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Section 7 – Questions or Comments

Complete by: _____ Date: _____

Signature _____