

# Assessor's Office City of Woburn

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M B L U:  LOCATION:  CLASS:	OWNER / AUTHORIZED AGENT:  PHONE:  SIGNATURE (Required):	_____ _____ _____
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## FY 2016 INCOME AND EXPENSE STATEMENT for year ending 12/31/2014

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**REVENUE:** {These items are paid by Tenants – NOT by Owner}

Contract Rent *1	_____
Percentage Rent *2	_____
Expense Escalation	_____
Utilities	_____
Real Estate Taxes	_____
Parking Income	_____
Cell Tower Income	_____
Other Income	_____

\*1 Amount charged if there was no Vacancy.

\*2 Used in retail operations where a % of the gross is paid as part of the rent.

**Please check one of the following:**

- A. Completely Owner Occupied
- B. Partially ( \_\_\_\_\_ %) Owner Occupied
- C. Completely Tenant Occupied

NOTE: If the property is completely Owner Occupied, then omit the "Revenue" section and fill out the "Expenses" section.

Gross Income: \_\_\_\_\_  
 Less Actual Vacancy \_\_\_\_\_  
 Effective Gross Income \_\_\_\_\_

→ **Do Not** Enter any amount other than **ACTUAL Vacancy**

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**OPERATING EXPENSES:** {Items paid by Owner Only}

Heat	_____
Electric	_____
Water & Sewer	_____
Maintenance	_____
Insurance	_____
Trash Removal	_____
Snow Removal	_____
Accounting	_____
Management	_____
Reserves	_____
Other	_____

Only Include Monies that have actually been paid out

Please circle type:  
Oil Gas Elec.

List the cost for each item in the blocks below. **Do Not include** any of these items as "Operating Expenses":

- Real Estate Taxes
- Mortgage Related Costs including Interest
- Depreciation
- Any cost **not** related to the operation of the Real Estate – Including cost associated with a business located at the site.

Total Operating Expenses: \_\_\_\_\_

Net Operating Income: \_\_\_\_\_

4 Comments or Clarification: \_\_\_\_\_

5 Capital Improvements:	Type	Cost