

**INCOME AND EXPENSE 38D FORM – CITY OF SPRINGFIELD
HOTELS / MOTELS / INNS
FOR 12 MONTHS ENDING DECEMBER 31, 2017: FISCAL YEAR 2019**

Pursuant to Mass. General Laws, Chap. 59 Section 38D, this form **MUST** be completed and returned to the Assessor's Office within 60 days of mailing.

MUST be returned by August 27, 2018 to:

Assessor's Office
36 Court Street
Springfield, MA 01103
or

Emailed to assessors_email@springfieldcityhall.com

NOTE: THIS IS A TWO SIDED DOCUMENT AND A SIGNATURE IS REQUIRED ON THE SECOND PAGE

Failure to comply shall result in a penalty of Two Hundred Fifty Dollars (\$250.00). In addition, you may lose the right to an appeal at the Appellate Tax Board.

Parcel Location:

Parcel ID:

Use Code:

Please provide the following information. Use additional sheets if necessary. If you prefer to use your own computer rent roll or spreadsheets, please use this format as a guide. FOR MORE INFORMATION OR TO ANSWER QUESTIONS, PLEASE CALL 413-787-6164.

SECTION I: GENERAL DATA

Total number of Available Rooms: _____

Room Configuration (Number of rooms in each category)/ Rates

Room Type	# of Units	Rent per Unit per Day	Rent per Unit per Week
Single		\$	\$
Double		\$	\$
King		\$	\$
Suite		\$	\$
Other		\$	\$

Annual Occupancy (Percent): _____

Annual Average Daily Rate (ADR): \$ _____

Segmentation of Annual Occupancy:	Transient	Corporate	Group	Other	Total
Percentage of Annual Occupancy					100%
ADR for each segment					

SECTION II: ANNUAL INCOME FOR CALENDAR YEAR 2017 (January 1, 2017-December 31, 2017)

1. Description	Amount
2. Rooms	\$
3. Conference Facilities	\$
4. Food and Beverage	\$
5. Telephone	\$
6. Other Rents	\$
7. Other (Describe)	\$
8. Other (Describe)	\$
9. TOTAL ANNUAL INCOME (Add lines 1 through 8)	\$

SECTION III: ROOM NIGHTS SOLD CALENDAR YEAR 2017

Total number of Room Nights available in 2017: _____

Total number of Room Nights sold in 2017: _____

SECTION IV: EXPENSES FOR CALENDAR YEAR 2017

If entering "Other", please describe.

Expense Type	Amount	Expense Type	Amount
1. Management Fee	\$	20. Maintenance Contract Fee	\$
2. Legal/Accounting	\$	21. Maintenance Supplies	\$
3. Security	\$	22. Maintenance Groundskeeping	\$
4. Payroll	\$	23. Maintenance Trash Removal	\$
5. Group Insurance	\$	24. Maintenance Snow Removal	\$
6. Telephone	\$	25. Maintenance Exterminator	\$
7. Advertising	\$	26. Maintenance Elevator	\$
8. Commissions	\$	27. Insurance (1 Year Premium)	\$
9. Repairs Exterior	\$	28. Reserves for Replacement	\$
10. Repairs Interior	\$	29. Travel	\$
11. Repairs Mechanical	\$	30. Other	\$
12. Repairs Electrical	\$	31. Other	\$
13. Repairs Plumbing	\$	32. Other	\$
14. Utilities Gas	\$	33. TOTAL (Add 1 through 32)	\$
15. Utilities Oil	\$	34. Real Estate Taxes	\$
16. Utilities Electricity	\$		
17. Utilities Water	\$		
18. Utilities Sewer	\$		
19. Maintenance Wages	\$		

SECTION V: SIGNATURE

I declare that to the best of my knowledge and belief, this return is true, correct and complete.

Submitted by: (Please print) _____

Title: _____

Signature of owner or preparer: . . . _____

Phone: _____

Date: _____

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