



CONFIDENTIAL INCOME / EXPENSE QUESTIONNAIRE

Office of the City Assessor
7725 W. North Ave
Wauwatosa, WI 53213
PH #414-479-8969

Parcel Number: _____

Property Address: _____

| <i>Complete three years of income and expenses</i> | | YEAR 1 | YEAR 2 | YEAR 3 |
|--|--|--------|--------|--------|
| INCOME | Rental Income | | | |
| | Late Fees | | | |
| | Parking / Garages(s) | | | |
| | Vending | | | |
| | Reimbursements - Taxes | | | |
| | Reimbursements - Maintenance | | | |
| | Reimbursements - Utilities | | | |
| | Other (be specific) | | | |
| | TOTAL | | | |
| OPERATING EXPENSES | Accounting / Legal | | | |
| | Advertising / Marketing | | | |
| | Insurance | | | |
| | Leasing Commissions* | | | |
| | Janitorial / Cleaning | | | |
| | Management | | | |
| | Lawn & Landscaping | | | |
| | Garbage | | | |
| | Snow Removal | | | |
| | Repairs, Maintenance, Decorating | | | |
| | Electric | | | |
| | Gas | | | |
| | Water / Sewer | | | |
| | Reserves | | | |
| | Other (be specific) | | | |
| | TOTAL | | | |
| OTHER EXPENSES | Capital Improvements | | | |
| | Depreciation | | | |
| | Taxes | | | |
| | Tenant Improvements - (specify who paid for the TI's & give complete descriptions of all improvements)** | | | |
| | Other - (be specific) | | | |
| | TOTAL | | | |

**Leasing commissions should be averaged over the term of the lease*

***Use separate sheet to show details*

