



Dan Bucks
Director

Montana Department of Revenue



Brian Schweitzer
Governor

January 29, 2009

Montana Taxpayer:

As an owner or manager of commercial property, you are aware of the impact that economic factors have on property values. We need your help to determine this economic impact. The local Department of Revenue office is gathering income and expense data that will be used to assist us in determining fair and equitable values for commercial properties. We ask that you complete the enclosed form and return it to the Department of Revenue Office within thirty days. For your convenience, a pre-paid addressed envelope has been included for your use.

We are interested only in the rental income and operating expenses of the property. We do not want the income associated with any business enterprise that may occupy the building. If the building is owner occupied, please provide only the expenses associated with operating the building.

If additional space is required, or if you wish to submit supplemental information such as leases and/or Schedule E from your income taxes, please attach it to the form. You may be assured the information you supply will be held confidential. The information you provide will be used, in conjunction with information we receive from other taxpayers, to help us value similar properties.

If you have questions regarding the completion of this form, please call the local Department of Revenue Office in the county in which your property is located. The number for the local office is listed on the front of the enclosed form. A complete listing of the addresses and phone numbers for each office can be accessed on the internet by:

- 1) Entering www.mt.gov/revenue
- 2) Then, with your cursor on "ABOUT THE AGENCY", click on "Local Office Locations" from the menu selections.

A list of frequently asked questions and answers (FAQs) regarding the requested information can be accessed on the internet by:

- 1) Entering www.mt.gov/revenue
- 2) Then, with your cursor on "FOR INDIVIDUALS", click on "Taxes, Licenses, Fees and Permits" from the menu selections.
- 3) Click on "Property Taxes" from the menu selections.
- 4) Click on "Frequently Asked Questions and Answers – Income and Expense Reporting Form" from the menu selections.

Thank you for your assistance.

Sincerely,

Ross Halvorson, Management Analyst
Property Assessment Division



MONTANA DEPARTMENT OF REVENUE
INCOME & EXPENSE REPORTING FORM

Property ID: < PropertyID >
Assessment Code: < AssessmentCode >

< OwnerName >
< OwnerAddress >

Person filing this form (if different from above)

Return to:
Department of Revenue
PO Box 8018
Helena, MT 59604-8018

The Montana Department of Revenue requests the following applicable information to help us determine equitable values for assessment purposes. Please send your completed form back in the self-addressed envelope within 30 days. If you have questions, please call the local Department of Revenue Office at < OfficeTelephoneNo >. Income and expense data is not a matter of public record and is held strictly confidential in accordance to 15-30-303 MCA. Leases are acceptable documentation.

PROPERTY DATA HOTEL/MOTEL
PROPERTY ADDRESS: < SitusAddress >
BUILDING NAME: < SitusAddrLoc >
STRUCTURE TYPE: < PrimaryBuildingType >

REPORTED INCOME AS OF 12/31/ _____

Please round to the nearest dollar

Table with 9 main categories and sub-items for reporting income and expenses. Includes items like Total Room Revenue, Other Revenue, Departmental Costs and Expenses, etc.

Income and Expense Reporting Form (continued)

PROJECT AMENITIES		
Swimming Pool <input type="checkbox"/>	Sauna/Hot Tub <input type="checkbox"/>	Coffee Shop <input type="checkbox"/>
Tennis Courts <input type="checkbox"/>	Beauty Shop <input type="checkbox"/>	Restaurant <input type="checkbox"/>
Club House <input type="checkbox"/>	Shops <input type="checkbox"/>	Bar <input type="checkbox"/>
Exercise Room <input type="checkbox"/>	Game Room <input type="checkbox"/>	Casino <input type="checkbox"/>
Covered Parking <input type="checkbox"/>	Guest Laundry <input type="checkbox"/>	

HOTEL/MOTEL DAILY RENTAL RATES		
_____ Total Rooms w/Single Beds	@	\$ _____ Night
_____ Total Rooms w/Double Beds	@	\$ _____ Night
_____ Total Suites	@	\$ _____ Night
_____ Extra Persons	@	\$ _____ Night
_____ Total Rentable Rooms	@	\$ _____ Night
Avg./Daily Number of Rooms Rented	=	_____
Avg./Daily Room Rate/Occupied Room	=	_____

FLOOR LEVEL	LEASEABLE AREA SF	TYPE OF LEASE	TERM OF LEASE		ANNUAL BASE RENT \$	ANNUAL INCOME \$	ANNUAL AVERAGE VACANCY %
			FROM YEAR	TO YEAR			
FROM: TO:							
FROM: TO:							
FROM: TO:							
FROM: TO:							
FROM: TO:							

Expense Definitions

Rooms – Includes salaries, wages, and benefits for front desk personnel, reservations staff, housekeeping and laundry workers, bell staff and concierge personnel. In addition, room department expenses include linen, guest supplies, reservation expenses, and commissions to travel agents.

Food – The cost of food sold, together with salaries, wages, and employee benefits for managers, kitchen personnel, servers, cashiers, and hosts comprise the major portion of expenditures in this category. Other applicable expenses include laundry, linen, china, glassware, silverware, and operating supplies.

Beverage – Includes the cost of alcoholic beverages sold, together with applicable payroll and employee benefits. Costs of music and other entertainment provided in beverage outlets are charged to this department. Other applicable expenses include laundry, linen, china, glassware, silverware, and operating supplies.

Telecommunications – Payments to providers of fax, Internet, and telephone services, but does not include costs for telephone equipment rental. Also included in this category are: salaries and wages, payroll taxes and employee benefits, together with other expenses directly related to this activity. Cost associated with the use of telephones, faxes, and the Internet by hotel employees are allocated to the appropriate department.

Administrative and General – Expenditures for the operation of the general manager's office, the accounting department, human resources, security, data processing, and other similar activities. Examples of expenditures include salaries, wages, payroll taxes and employee benefits, legal and accounting fees, credit card commissions, collection expenses, bad debts, computer expenses, office supplies, postage, etc.

Franchise Fees – all fees paid to franchisers except those for reservation services and/or systems. This includes royalties, marketing assessments, and preferred guest programs.

Marketing – Expenditures to sell and promote the hotel's services and enhance its image to the general public. These include salaries, wages, payroll taxes and employee benefits, media advertising, agency fees, outdoor advertising, trade shows, and community projects.

Property Operation and Maintenance – Payments for salaries, wages, payroll taxes and employee benefits, tools and supplies to maintain the buildings, grounds, furniture and equipment of the hotel. Not included are major capital expenditures.

Utility Costs – Costs for electricity, gas and other fuels, steam, water and sewer.

Other Unallocated Departments – Salaries, wages, employee benefits and other expenses applicable to non-revenue producing operations are charged to this category. Such operations might include, for example, house laundry, print shop, etc.

Management Fees – Fees paid for management services and supervision of the property. This includes both base and incentive fees.

Insurance – Includes premiums paid for insuring buildings and contents, liability, fidelity, and theft coverage. Premiums for workers' compensation insurance are not included in this category.

Reserves for Replacement – A portion of money that is set aside each year to replace items that have a shorter life than the building, i.e. carpet, roofing, heating system, etc.

Signed: _____
Signature of Owner or Preparer

Dated: _____

Print Name and Title

Telephone # with Area Code



MONTANA DEPARTMENT OF REVENUE
INCOME & EXPENSE REPORTING FORM

Property ID: <_PropertyID_>
Assessment Code: <_AssessmentCode_>

<_OwnerName_>
<_OwnerAddress_>

Person filing this form (if different from above)

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PROPERTY DATA OFFICE / RETAIL / WAREHOUSE/MINI-WAREHOUSE / APARTMENT
PROPERTY ADDRESS: <_SitusAddress_>
BUILDING NAME: <_SitusAddrLoc_>
STRUCTURE TYPE: <_PrimaryBuildingType_>

REPORTED INCOME AS OF 12/31/_____ Please round to the nearest dollar

- 1. Apartment Rentals @ 100% Occupancy
2. Office Rentals @ 100% Occupancy
3. Retail Rentals @ 100% Occupancy
4. Industrial/Warehouse/Garage Rentals @ 100% Occupancy
5. Room Rentals @ 100% Occupancy
6. Other Rentals @ 100% Occupancy
7. Parking Rental @ 100% Occupancy
8. Total Potential Income (add lines 1 through 7) @ 100% Occupancy
9. Loss due to Vacancy & Collection Loss
10. Effective Annual Income (line 8 minus line 9)
11. Other income and reimbursements
12. Amount of rentals subsidized by Government

EXPENSES

- 13. Management (cost of administering the leases)
14. Leasing Fees/Commissions/Advertising
15. Legal/Accounting
16. Heating / Air Conditioning Expense
17. Electricity
18. Water
19. Cable TV
20. Other Utilities (Specify)
21. Payroll associated with property (except management)
22. Supplies (janitorial, etc.)
23. Maintenance & Repairs (Specify)
24. Maintenance & Repairs (Specify)
25. Maintenance & Repairs (Specify)
26. Elevator Maintenance
27. Snow/Trash Removal & Landscape Maintenance
28. Other (Specify)
29. Other (Specify)
30. Building Insurance
31. Reserves for Replacement
32. Security
33. TOTAL EXPENSES (add lines 13 through 32)
34. NET OPERATING INCOME (add lines 10 & 11 minus line 33)

Income & Expense Reporting Form (cont.)

ANNUAL RENTAL DATA (OFFICE, RETAIL, AND WAREHOUSE)										
Floor Level		Square Feet of Leased Area	Term of Lease		Annual Base Rent	Additional Annual Income	Annual Average Income	Utilities Included in Rent (check all that apply)		
			From Year	To Year				Electric	Water	Gas
From:	To:				\$	\$	\$			
From:	To:				\$	\$	\$			
From:	To:				\$	\$	\$			
From:	To:				\$	\$	\$			
From:	To:				\$	\$	\$			
From:	To:				\$	\$	\$			
From:	To:				\$	\$	\$			
From:	To:				\$	\$	\$			
From:	To:				\$	\$	\$			
From:	To:				\$	\$	\$			

MONTHLY RENTAL DATA - APARTMENTS									
Efficiency/Studio Apartments					Garage / Storage Rent	Utilities Included in Rent (check all that apply)			
Furnished	Units @		# of Bathrooms	\$		Electric	Water	Gas	Cable TV
Unfurnished	Units @		# of Bathrooms	\$					
Furnished	Units @		# of Bathrooms	\$					
Unfurnished	Units @		# of Bathrooms	\$					

1 Bedroom Units					Garage / Storage Rent	Utilities Included in Rent (check all that apply)			
Furnished	Units @		# of Bathrooms	\$		Electric	Water	Gas	Cable TV
Unfurnished	Units @		# of Bathrooms	\$					
Furnished	Units @		# of Bathrooms	\$					
Unfurnished	Units @		# of Bathrooms	\$					

2 Bedroom Units					Garage / Storage Rent	Utilities Included in Rent (check all that apply)			
Furnished	Units @		# of Bathrooms	\$		Electric	Water	Gas	Cable TV
Unfurnished	Units @		# of Bathrooms	\$					
Furnished	Units @		# of Bathrooms	\$					
Unfurnished	Units @		# of Bathrooms	\$					

3 Bedroom Units					Garage / Storage Rent	Utilities Included in Rent (check all that apply)			
Furnished	Units @		# of Bathrooms	\$		Electric	Water	Gas	Cable TV
Unfurnished	Units @		# of Bathrooms	\$					
Furnished	Units @		# of Bathrooms	\$					
Unfurnished	Units @		# of Bathrooms	\$					

4 Bedroom Units					Garage / Storage Rent	Utilities Included in Rent (check all that apply)			
Furnished	Units @		# of Bathrooms	\$		Electric	Water	Gas	Cable TV
Unfurnished	Units @		# of Bathrooms	\$					
Furnished	Units @		# of Bathrooms	\$					
Unfurnished	Units @		# of Bathrooms	\$					

MONTHLY RENTAL DATA - MINI-WAREHOUSES				
Unit Size	# Of Units	Monthly Rent	Project Amenities (check all that apply)	
x		\$	Security	
x		\$	On-site Manager	
x		\$	Electricity	
x		\$	Temperature Controlled Units	
x		\$	Yard Lights (leased)	
x		\$	Yard Lights (owned)	
x		\$	Fencing	
x		\$	Other	

Signed: _____
Signature of Owner or Preparer

Dated: _____

Print Name and Title

Telephone No. With Area Code



MONTANA DEPARTMENT OF REVENUE
INCOME & EXPENSE REPORTING FORM

Property ID: <_PropertyID_>
Assessment Code: <_AssessmentCode_>

<_OwnerName_>
<_OwnerAddress_>

Person filing this form (if different from above)

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PROPERTY DATA—MOBILE HOME PARKS & RECREATIONAL VEHICLE PARKS
PROPERTY ADDRESS: <_SitusAddress_>
PARK NAME: <_ParkName_>
STRUCTURE TYPE: <_PrimaryBuildingType_>
NO. OF SPACES: <_NumberOfSpaces_>

REPORTED INCOME AS OF 12/31/_____ Please round to the nearest dollar

- 1. Mobile Home Spaces @ 100 % Occupancy.....\$
2. RV Spaces @ 100% Occupancy\$
3. Tent Sites @ 100% Occupancy\$
4. Cabins @ 100% Occupancy\$
5. Storage Rentals @ 100% Occupancy.....\$
6. Boat Storage Rentals @ 100% Occupancy.....\$
7. Other Rentals @ 100% Occupancy\$
8. Total Potential Income (add lines 1 through 7) @ 100% Occupancy.....\$
9. Loss Due to Vacancy & Collection Loss.....\$
10. Effective Annual Income (line 8 minus line 9).....\$
11. Other Income and Reimbursements\$

EXPENSES

- 12. Management (cost of administering the leases).....\$
13. Leasing Fees/Commissions/Advertising.....\$
14. Legal/Accounting.....\$
15. Heat/Air Conditioning Expense.....\$
16. Electricity.....\$
17. Water.....\$
18. Other Utilities (Specify.....)\$
19. Payroll Associated with Property (except management).....\$
20. Supplies (janitorial, etc.).....\$
21. Maintenance & Repairs (Specify.....)\$
22. Maintenance & Repairs (Specify.....)\$
23. Maintenance & Repairs (Specify.....)\$
24. Snow/Trash Removal & Landscape Maintenance.....\$
25. Other (Specify.....)\$
26. Other (Specify.....)\$
27. Building Insurance.....\$
28. Reserves for Replacement.....\$
29. Security.....\$
30. TOTAL EXPENSES (Add lines 12 through 29).....\$
31. NET OPERATING INCOME (Add lines 10 & 11 minus line 30).....\$

Income and Expense Reporting Form (continued on next page)

PROJECT AMENITIES		
Swimming Pool <input type="checkbox"/>	Shower Facilities <input type="checkbox"/>	Convenience Store <input type="checkbox"/>
Tennis Courts <input type="checkbox"/>	Storage <input type="checkbox"/>	RV Waste Disposal <input type="checkbox"/>
Club House <input type="checkbox"/>	Game Room <input type="checkbox"/>	Night Lights <input type="checkbox"/>
Exercise Room <input type="checkbox"/>	On-site Office <input type="checkbox"/>	Heated Units <input type="checkbox"/>
Sauna/Hot Tub <input type="checkbox"/>	Guest Laundry <input type="checkbox"/>	
TOTAL SITES AVAILABLE FOR RENT		
_____ Mobile	_____ Travel Trailer	_____ Tent
	_____ Cabin	_____ Boat Storage
Normal Operating Period: _____ Year Around _____ Months		
MONTHLY RENT SCHEDULE		
_____ Mobile Home Spaces @ \$ _____	_____ RV Spaces @ \$ _____	
_____ Mobile Home Spaces @ \$ _____	_____ RV Spaces @ \$ _____	
_____ Mobile Home Spaces @ \$ _____	_____ RV Spaces @ \$ _____	
_____ Tent Sites @ \$ _____	_____ Cabins @ \$ _____	
_____ Boat Storage @ \$ _____		

Signed: _____ Dated: _____
Signature of Owner or Preparer

_____ Telephone # with Area Code
Print Name and Title