

Town of Ashford Assessor's Office

Hotel and Motel

Income and Expense Survey for Calendar Year 2020

Information provided is CONFIDENTIAL, in accordance with Connecticut Statute Sections 1-210 and 12-63c(b).

Property Name (if applicable) _____

Property Address _____

Form Preparer/Position _____

Telephone Number _____

General Data

Number of Rooms Total _____ Number of Rooms Available For Rent _____

| | | <u>Average Daily Rate (\$)</u> | | |
|--------------------------------------|---------|--------------------------------|-------|-----------------|
| | | Summer | Fall | Winter + Spring |
| On-line Reservation | Weekday | _____ | _____ | _____ |
| | Weekend | _____ | _____ | _____ |
| Walk-in Reservation | Weekday | _____ | _____ | _____ |
| | Weekend | _____ | _____ | _____ |
| Weekly Rate | | _____ | _____ | _____ |
| Overnight Parking for RVs, trucks | | _____ | _____ | _____ |

Average Annual Occupancy (%) _____

Schedule A. Annual Revenue:

Room Rentals \$ _____

Telephone \$ _____

Billboard Rental \$ _____

Miscellaneous Rentals and Other Income \$ _____

Total Annual Revenue \$ _____

Over

Schedule B. 2019 Annual Costs and Expenses:

| | |
|-------------------------------------|-----------------|
| Wages and Labor | \$ _____ |
| Building Maintenance and Repair | \$ _____ |
| Grounds Maintenance | \$ _____ |
| Telephone | \$ _____ |
| Leased Equipment | \$ _____ |
| Office Administration | \$ _____ |
| Legal, Accounting | \$ _____ |
| Marketing | \$ _____ |
| Heat | \$ _____ |
| Electricity | \$ _____ |
| Cable + Internet/Telecommunications | \$ _____ |
| Permit + Inspection Costs | \$ _____ |
| Property Insurance | \$ _____ |
| Management Fees | \$ _____ |
| Total Operating Expenses | \$ _____ |
| Net Operating Profit | \$ _____ |
| Reserve for Capital Replacement | \$ _____ |

Comments or Additional Information (may be attached):

Signature

Date

Print Name and Position