



# BUNCOMBE COUNTY

## PROPERTY ASSESSMENT

R. Keith Miller, Assessor  
 155 Hilliard Ave. | Asheville, NC 28801



### INCOME SURVEY FOR HOTEL/MOTEL - BED & BREAKFAST

|                   |  |
|-------------------|--|
| Property Address: |  |
| Parcel ID#:       |  |

Ownership

Chain Scale Segment *(if relevant)*

Type

Brand *(if relevant)*

| Supporting documentation <i>must be provided for all required years.</i> | 2018 | 2019 | 2020 |
|--|------|------|------|
| <b>GENERAL INFORMATION:</b>  |      |      |      |
| Total Room Count   |      |      |      |
| Available Room Nights  |      |      |      |
| Occupancy Rate   |      |      |      |
| RevPAR   |      |      |      |
| Average Daily Rate   |      |      |      |
| <b>REVENUES:</b>   |      |      |      |
| Rooms  |      |      |      |
| Food   |      |      |      |
| Beverage   |      |      |      |
| Telephone, Internet etc.   |      |      |      |
| Other Departmental Revenue, <i>(include itemization)</i>                 |      |      |      |
| <b>TOTAL REVENUES:</b>   |      |      |      |

| <b>Supporting documentation <i>must be</i> provided for all required years.</b> | <b>2018</b> | <b>2019</b> | <b>2020</b> |
|---|-------------|-------------|-------------|
| <b>EXPENSES:</b>  |             |             |             |
| <b>DEPARTMENTAL EXPENSES</b>  |             |             |             |
| Rooms   |             |             |             |
| Food  |             |             |             |
| Beverage  |             |             |             |
| Telephone, Internet etc.  |             |             |             |
| Other Departmental Expenses, <i>(include itemization)</i>                       |             |             |             |
| <b>UNDISTRIBUTED OPERATING EXPENSES:</b>  |             |             |             |
| Administrative and General  |             |             |             |
| Franchise Fees  |             |             |             |
| Marketing   |             |             |             |
| Property Operation and Maintenance  |             |             |             |
| Utilities   |             |             |             |
| Other Unallocated Expenses, <i>(include itemization)</i>                        |             |             |             |
| <b>FIXED CHARGES</b>  |             |             |             |
| Insurance   |             |             |             |
| Other Fixed Charges, <i>(include itemization)</i>                               |             |             |             |
| <b>TOTAL EXPENSES</b>   |             |             |             |
| <b>Net Operating Income Before Reserves</b>                                     |             |             |             |
| Reserves For Replacements   |             |             |             |
| <b>Net Operating Income After Reserves</b>                                      |             |             |             |

**Additional Comments or Information:**

**Must include the annual profit and loss statement, operating statements or any supporting documents for all required years.**

|               |  |        |  |
|---------------|--|--------|--|
| *Prepared by: |  |        |  |
| Phone #       |  | Email: |  |

*\*If prepared by and signed by a Tax Representative, an AV-59 must be completed and attached with this form.*