



Nursing Home/Assisted Living
Income and Expense Reporting Form

Property Information

Property Owner \_\_\_\_\_ Geocode \_\_\_\_\_
Property Address \_\_\_\_\_ Doing Business As (DBA) or
Mailing Address \_\_\_\_\_ Building Name \_\_\_\_\_

Income and Expense Data

Reported Income as of 12/31/\_\_\_\_ Please round to nearest dollar
1. Total room revenue .....\$ \_\_\_\_\_
2. Other revenue .....\$ \_\_\_\_\_
Dietary.....\$ \_\_\_\_\_
Physical/occupational therapy .....\$ \_\_\_\_\_
Pharmacy.....\$ \_\_\_\_\_
Other patient/resident services .....\$ \_\_\_\_\_
Miscellaneous income.....\$ \_\_\_\_\_
3. Department costs and expenses .....\$ \_\_\_\_\_
Accommodations (nursing, house keeping services).....\$ \_\_\_\_\_
Dietary.....\$ \_\_\_\_\_
Physical/occupational therapy .....\$ \_\_\_\_\_
Pharmacy.....\$ \_\_\_\_\_
Activities.....\$ \_\_\_\_\_
Other departments.....\$ \_\_\_\_\_
4. Undistributed operating expenses .....\$ \_\_\_\_\_
Administrative and general .....\$ \_\_\_\_\_
Marketing .....\$ \_\_\_\_\_
Maintenance/repairs .....\$ \_\_\_\_\_
Utilities .....\$ \_\_\_\_\_
Other unallocated operated departments .....\$ \_\_\_\_\_
Reserve for replacement.....\$ \_\_\_\_\_
Property taxes.....\$ \_\_\_\_\_
5. Management fees and insurance.....\$ \_\_\_\_\_
Management.....\$ \_\_\_\_\_
Insurance .....\$ \_\_\_\_\_

Signature

Signature of Owner or Preparer \_\_\_\_\_ Date \_\_\_\_\_ SSN or FEIN \_\_\_\_\_
Print Name and Title \_\_\_\_\_ Contact Phone Number \_\_\_\_\_
Email Address \_\_\_\_\_

## Income and Expense Data (continued)

Project Amenities (Check any that may apply.)				
<input type="checkbox"/> Swimming pool	<input type="checkbox"/> Sauna/hot tub	<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Shops	<input type="checkbox"/> Fenced
<input type="checkbox"/> Tennis courts	<input type="checkbox"/> Washer/dryer	<input type="checkbox"/> Coffee shop	<input type="checkbox"/> Game room	<input type="checkbox"/> RV waste disposal
<input type="checkbox"/> Clubhouse	<input type="checkbox"/> Range	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Beauty shop	<input type="checkbox"/> Night lights
<input type="checkbox"/> Exercise room	<input type="checkbox"/> Refrigerator	<input type="checkbox"/> Bar	<input type="checkbox"/> Guest laundry	<input type="checkbox"/> Heated units
<input type="checkbox"/> Covered parking	<input type="checkbox"/> Storage	<input type="checkbox"/> Casino	<input type="checkbox"/> Convenience store	<input type="checkbox"/> On-site office

Expense Responsibilities							
	Owner	Tenant	Shared		Owner	Tenant	Shared
Cleaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cable TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trash removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parking lot maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Nursing Home/Assisted Living Accommodations or Boarding House							
Accommodations	Monthly Market Rent (daily rate X 30)	# of Units	Private Bath	Utilities included in rent (check all that apply)			
				Electric	Water	Gas	Cable TV
Skilled nursing (private room)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skilled nursing (semi-private room)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assisted living 1 occupant per room			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assisted living 2 occupants per room			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Efficiency apartments			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 bedroom apartments			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 bedroom apartments			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cottages			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total number of licensed beds:

Skilled nursing beds \_\_\_\_\_

Assisted living beds \_\_\_\_\_

Number of apartments \_\_\_\_\_

Please be advised that you are required to report if you have business equipment with a market value of \$100,000 or more. If you have or have recently acquired business equipment with a market value that exceeds \$100,000, please check the box below to receive a business equipment reporting form if one has not already been provided to you.

Please send me a business equipment reporting form.