

**Assessors Office**  
*City of Woburn*

1

M B L U:	CONTACT PERSON:	_____
LOCATION:	PHONE:	_____
CLASS:		

**INCOME AND EXPENSE STATEMENT for year ending 12/31/2020 (FY2022)**

2

**REVENUE:** {These items are paid by Tenants – NOT by Owner}

Contract Rent *1	_____
Percentage Rent *2	_____
Expense Escalation	_____
Utilities	_____
Real Estate Tax	_____
Parking	_____
Other Income	_____

\*1 Amount charged if there was no Vacancy.

\*2 Used in retail operations where a % of the gross is paid as part of the rent.

**Please check one of the following:**

- A. Completely Owner Occupied
- B. Partially (\_\_\_\_%) Owner Occupied
- C. Completely Tenant Occupied

NOTE: If the property is completely Owner Occupied, then omit the "Revenue" section and fill out the "Expenses" section.

Gross Income: \_\_\_\_\_  
Less **Actual** Vacancy \_\_\_\_\_  
Effective Gross Income \_\_\_\_\_

→ **Do Not** Enter any amount other than **ACTUAL Vacancy**

3

**OPERATING EXPENSES:** {Items paid by Owner Only}

Heat	<i>Only Include Monies that have <u>actually</u> been paid out</i>	_____
Electric		_____
Water & Sewer		_____
Maintenance		_____
Insurance		_____
Trash Removal		_____
Snow Removal		_____
Accounting		_____
Management		_____
Reserves		_____
Other Expenses	_____	

Please circle type:  
Oil Gas Elec.

List the cost for each item in the blocks below. **Do Not include** any of these items as "Operating Expenses":

- \_\_\_\_\_ - Real Estate Taxes
- \_\_\_\_\_ - Mortgage Related Costs including Interest
- \_\_\_\_\_ - Depreciation
- Any cost **not** related to the operation of the Real Estate – Including cost associated with a business located at the site.

Total Operating Expenses: \_\_\_\_\_

Net Operating Income: \_\_\_\_\_

4 Comments or Clarification: \_\_\_\_\_

5 Capital Improvements:	Type	Cost
_____	_____	_____
_____	_____	_____
_____	_____	_____