



# TOWN OF HAMDEN

OFFICE OF THE ASSESSOR

Hamden Government Center  
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## Hotel and Motel Income and Expense Supplement for Calendar Year 2015

Information provided is CONFIDENTIAL, in accordance with Connecticut Law.

Property Name (if applicable): \_\_\_\_\_

Property Address: \_\_\_\_\_

Form Preparer/Position: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

### General Data

Available Rooms: # \_\_\_\_\_

### **Room Configuration (number of rooms in each category)/Rates**

	# Units	Rent/day/unit	Rent/Week/unit
single			
double			
king			
suite			
other			

Annual Occupancy: \_\_\_\_\_

Annual Average Daily Rate (ADR) \$ \_\_\_\_\_

Segmentation of Annual Occupancy					
	Transient	Corporate	Group	Other	Total
Percentage of Annual Occupancy					100%
ADR for Segment					

### **Annual Department Revenue:**

Room	\$ _____
Conference Facilities	\$ _____
Food and Beverage	\$ _____
Telephone	\$ _____
Minor Operated Departments	\$ _____
Miscellaneous Rentals and other Income	\$ _____
<b>Total Annual Revenue</b>	<b>\$ _____ (1)</b>

(Hotel and Motel Cont'd.)

**2015 Annual Cost and Expenses:**

Rooms	\$ _____
Food and Beverage	\$ _____
Telephone	\$ _____
Minor Operated Departments	\$ _____
Leased Equipment	\$ _____
Administrative, Legal, Accounting	\$ _____
Marketing	\$ _____
HVAC	\$ _____
Property Operation and Maintenance	\$ _____

**Total Operating Expenses** \$ \_\_\_\_\_ (2)

**Gross Operating Profit (1 - 2)** \$ \_\_\_\_\_ (3)

Management Fees \$ \_\_\_\_\_ (4)

**Fixed Operating Charges:**

Real Estate Taxes	\$ _____
Personal Property Taxes	\$ _____
Property Insurance	\$ _____
Reserve for Capital Replacement	\$ _____
Total Fixed Charges	\$ _____ (5)

**Income Before Other Fixed Charges<sup>1</sup> (3 - 4 - 5)** \$ \_\_\_\_\_

Total Number of Room Nights Available in 2014 # \_\_\_\_\_

Total Number of Room Nights Sold in 2014 # \_\_\_\_\_

Comments or Additional Information (may be attached):