



TOWN OF HAMDEN

OFFICE OF THE ASSESSOR

Hamden Government Center
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John L J. Gelati
 Chief Assessor

Hotel and Motel Income and Expense Supplement for Calendar Year 2018

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 \$ _____

Total Annual Revenue \$ _____ (1)

(Hotel and Motel Cont'd.)

2018 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 Charges¹ (3 - 4 - 5) \$ _____

Total Number of Room Nights Available in 2018 # _____

Total Number of Room Nights Sold in 2018 # _____

Comments or Additional Information (may be attached):
