


**INSTRUCTIONS FOR COMPLETING INCOME AND EXPENSE SCHEDULE (TC201) -
FRONT SIDE**

**BE SURE TO ANSWER ALL QUESTIONS 1-5 BEFORE SENDING THE FORM TO
YOUR ACCOUNTANT FOR INSERTION OF INCOME AND EXPENSES ON
REVERSE SIDE**

- PROPERTY IDENTIFICATION.** If schedule covers more than one lot, list all block and lot numbers.
- REPORTING PERIOD.** Indicate reporting year (calendar year 2017, or the fiscal year ending after Jan. 31, 2017 if kept on a fiscal basis) and accounting method (cash or accrual). In the event that you have changed accounting method from cash to accrual, or in the alternative from accrual to cash, during 2017, please indicate by checking the appropriate box.
- RESIDENTIAL OCCUPANCY (APARTMENTS) as of Jan. 5, 2018 - List:**
 - Number of rent regulated units and total rent.
 - Number of unregulated units and total rent.
 - Any owner occupied units have to be listed separately.
 - Number of vacant units and rent prior to vacancy.
- NON-RESIDENTIAL, COMMERCIAL/RETAIL, etc. as of Jan. 5, 2018**
List all space by floor (square footage or percent of total) occupied by applicant or related party, occupied by unrelated tenant, and all vacant space.
- LAND OR BUILDING LEASE.** Complete with all net lease information.



TAX COMMISSION OF THE CITY OF NEW YORK
 1 Centre Street, Room 2400, New York, NY 10007
INCOME AND EXPENSE SCHEDULE FOR RENT PRODUCING PROPERTY
ATTACH TO AN APPLICATION; TC201 IS NOT VALID IF FILED SEPARATELY; READ TC201 INSTRUCTIONS BEFORE YOU BEGIN.
 COMPLETE ALL PARTS OF TC201. ANSWER ALL QUESTIONS MARKED ◆.
ALL INCOME FROM THE PROPERTY, WHATEVER ITS SOURCE, MUST BE REPORTED IN PARTS 6-8 ON PAGE 2.

1. PROPERTY IDENTIFICATION

BOROUGH (Brooklyn, Manhattan, Queens or Staten Island) _____ BLOCK _____ LOT _____ REP. TO GROUP NUMBER _____ ASSESSMENT YEAR _____

a. ◆ If property is a condominium, does this schedule cover all lots listed on form TC 109? _____ (Y/N). If yes, skip section b.

b. ◆ Does this schedule cover more than one tax lot? _____ (Y/N). If yes, state total number of lots _____, and list block and lot numbers:
 Block _____ Lots _____ Block _____ Lots _____
 Block _____ Lots _____ Block _____ Lots _____

Check if applicable: Additional lots are listed on page _____ All lots are contiguous All lots are operated as a unit
 Method of allocating income and expenses (Check one) _____
 c. ◆ Does this schedule report occupancy and income omission: _____
 i. If no, describe portions not covered and reason for _____

SAMPLE

2. CURRENT YEAR REPORTING PERIOD AND ACCOUNTING BASIS

Current year reporting period: From _____ to _____ Accounting basis: Cash Accrual

Has the accounting basis changed from the prior reporting period? Yes No

If assessment is \$1,000,000 or more, and income exceeds \$100,000, attach an accountant's certification TC309. TC309 does not apply to parts 3, 4, 5 or 10.

3. RESIDENTIAL OCCUPANCY AS OF JANUARY 5, 2018 - Number of dwelling units, rent by type of occupancy.

| TYPE OF OCCUPANCY | NUMBER OF UNITS | MONTHLY RENT |
|---------------------|-----------------|--------------|
| RENTED, REGULATED | | \$ |
| RENTED, UNREGULATED | | \$ |
| OWNER OCCUPIED | | \$ |
| VACANT | | \$ |
| TOTAL | | \$ |

◆ Does rent reported include all recurring charges, such as parking, subsidies and SCRIE abatements? _____

4. NONRESIDENTIAL OCCUPANCY AS OF JANUARY 5, 2018 - Approximate gross percent.

| FLOOR | APPLICANT OR RELATED | RENTED (UNRELATED) | VACANT | TOTAL |
|-----------------|----------------------|--------------------|--------|-------|
| FLOOR 3 - | % | % | % | % |
| 2nd FLOOR | % | % | % | % |
| 1st FLOOR | % | % | % | % |
| BASEMENT | % | % | % | % |
| ENTIRE BUILDING | % | % | % | 100% |

5. LAND OR BUILDING LEASE INFORMATION AS OF JANUARY 5, 2018

◆ Is the entire tax lot (or lots) or the entire land portion of the tax lot (or lots) subject to an arms-length lease? _____ (Y/N). If Yes, complete this Part.

◆ If the Applicant is the lessee, does lessee receive any rental income from the property? _____ (Y/N). If Yes, Applicant must complete Parts 6 through 10. If NO, complete this Part if lease information is not reported on Form TC200.

LESSOR _____ IF NOT OWNER OF RECORD, DESCRIBE RELATION TO PROPERTY _____
 LESSEE _____ IF NOT APPLICANT, DESCRIBE RELATION TO APPLICANT _____

Term of lease: from _____ to _____ Annual rent \$ _____

Start date of annual rent stated: _____ End date of annual rent stated _____ End date of lease option: _____

◆ Does lessor receive any sums in addition to annual rent stated? _____ (Y/N). If yes, state additional sums here: \$ _____
 ◆ Does lessor pay any of the operating expenses or real estate taxes? _____ (Y/N). If yes, specify: _____

◆ Is the lease a lease of the land portion of the property only? _____ (Y/N).

PAGE _____

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REVERSE SIDE

ALL QUESTIONS MUST BE ANSWERED

Prior Year Complete
Income Not this
Required Column

6. INCOME INFORMATION - FOR CALENDAR YEAR 2017 OR FISCAL YEAR ENDING AFTER JAN. 31, 2017.
- 6(a-h). YOU MUST separately state rents for apts., offices, stores, etc. Retail rent must be separately stated, where appropriate, or else a hearing will not be granted.
- 6(i-k). Give rent charged for owner/occupied space, escalations, SCRIE, etc.
7. EXPENSE INFORMATION.
a-1. List all operating expenses. Itemize additional expenses in "Miscellaneous", Part 9.
- 7(k). Include amortization of tenant installations in commercial buildings.

| 6. INCOME INFORMATION | | BOROUGH/BLD/CLD/T | | Prior year | Current year |
|---|--|-------------------|------|------------|--------------|
| a. Residential: | Regulated | | | | a. |
| | Unregulated | | | | |
| b. | Office | | | | b. |
| c. | Retail (including storefront professional offices, banks, restaurants) | | | | c. |
| d. | Loft | | | | d. |
| e. | Factory | | | | e. |
| f. | Warehouse | | | | f. |
| g. | Storage | | | | g. |
| h. | Garage/parking | | | | h. |
| SUBTOTAL | | | | | |
| i. | Owner-occupied or owner-related space | | | | i. |
| j. | Ancillary Income: 1. Operating escalation | | | | j. |
| | 2. Real estate tax escalation | | | | |
| | 3. Sale of utility services | | | | |
| | 4. Sale of other services | | | | |
| | 5. Government rent subsidies | | | | |
| | 6. Signage/billboard | | | | |
| | 7. Cell towers/telecommunications equipment | | | | |
| k. | Other (specify) | | | | k. |
| l. TOTAL GROSS INCOME | | | | | |
| 7. EXPENSE INFORMATION | | | | | |
| a. | Fuel | | | | a. |
| b. | Light and power | | | | b. |
| c. | Cleaning contracts | | | | c. |
| d. | Wages and payroll | | | | d. |
| e. | Repairs and maintenance | | | | e. |
| f. | Management and administration | | | | f. |
| g. | Insurance (annual) | | | | g. |
| h. | Water and sewer | | | | h. |
| i. | Advertising | | | | i. |
| j. | Interior painting and decorating | | | | j. |
| k. | Amortized leasing and tenant improvement costs | | | | k. |
| l. | Miscellaneous expenses (from part 9) | | | | l. |
| m. EXPENSES BEFORE REAL ESTATE TAXES (add lines a through l) | | | | | |
| n. | Real estate taxes (before any abatements) | | | | n. |
| o. TOTAL EXPENSES (add lines m and n) | | | | | |
| 8. NET PROFIT (OR LOSS) | | | | | |
| a. | Net before real estate taxes (subtract Part 7 line m from Part 6 line l) | | | | a. |
| b. | Net after real estate taxes (subtract Part 7 line o from Part 6 line l) | | | | b. |
| 9. ITEMIZATION OF MISCELLANEOUS EXPENSES | | | | | |
| | ITEM | AMOUNT | ITEM | AMOUNT | |
| | | | | | |
| | | | | | |
| 10. TENANTS' ELECTRICITY | | | | | |
| ◆ Do tenants obtain electricity from the applicant or a related person? _____ (Y/N) ◆ Is there a separate charge in addition to the rent? _____ (Y/N) | | | | | |

SAMPLE

Accountant's Certification (TC309)

For properties assessed at \$1,000,000 or more, the Accountant's Certification must be completed and signed by a Certified Public Accountant with no alteration of printed language. The Accountant's Certification is a mandatory prerequisite for obtaining a hearing before the Tax Commission.