

Board of Assessors  
Colleen Healy, Chairperson  
Marion A. Fantucchio, MAA  
John Rowland, Assessor



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Quincy, MA 02169  
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Map /Block/Lot:

04/01/2016

**38D Property Tax Return  
FORM A2 - Hotels**

Dear Taxpayer,

Please remember the following when submitting your Income and Expense form (38D);

The following information is requested pursuant to Massachusetts General Law Chapter 59, Section 38D, as amended, in order to determine market income and expense standards, and develop fair and equitable valuations. Please submit all requested information within sixty (60) days of the mailing date, 60 days from April 1<sup>st</sup> is **May 31<sup>st</sup>**.

*Failure to comply within 60 days may bar you from appealing the assessment to the Massachusetts Appellate Tax Board. Furthermore, failure to comply will result in a two hundred fifty-dollar (\$250) penalty being levied. The penalty will appear on next year's tax bill. All information submitted is confidential.*

You are signing an **Affidavit**, which is a sworn statement or statements made under oath and under penalty of perjury. When you sign an affidavit form, you affirm that the statements are made with personal knowledge or according to information and belief.

*As required by Mass. General Law, chapter 59, Section 38D, I hereby declare under oath that the information and addenda are presented as being true, correct and complete to the best of my knowledge and belief and are submitted under the penalties of perjury.*

Operating Expenses are those expenditures that a business incurs to engage in any activities not directly associated with the production of goods or services. These expenditures are the same as selling, general and administrative expenses. Mortgage payments, Taxes, Interest, and depreciation are not included for valuation purposes.

If there is a Rooftop Antenna or Cell Tower on your property, please provide a copy of an executed lease. Providing the lease will allow the Assessors to send the bill directly to the owner of the Antenna.

**Failure to return this form, within 60 days, forfeits your right to file an appeal with the Appellate Tax Board.**

Sincerely,

The Board of Assessors

Map/Block/Lot:

## Hotel Information

\*To enter in Excel open the attached spreadsheet and follow the instructions.

Total number of Available Rooms: \_\_\_\_\_

Room Configuration (Number of rooms in each category)/ Rates

Room Type	# of Units	Rent per Unit per Day	Rent per Unit per Week
Single		\$	\$
Double		\$	\$
King		\$	\$
Suite		\$	\$
Other		\$	\$

Annual Occupancy (Percent): \_\_\_\_\_

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

### ANNUAL INCOME FOR CALENDAR YEAR 2017

Description	Amount
1. Rooms	\$
2. Conference Facilities	\$
3. Food and Beverage	\$
4. Telephone	\$
5. Other Rents	\$
6. Other (Describe)	\$
7. Other (Describe)	\$
TOTAL ANNUAL INCOME (Add lines 1 through 7)	\$

### ROOM NIGHTS SOLD CALENDAR YEAR 2017

Total number of Room Nights available in 2017: \_\_\_\_\_

Total number of Room Nights sold in 2017: \_\_\_\_\_

Map/Block/Lot:

**Other Income**

Amenity Fees	Amenity Type	Monthly Fee	Annual Income
		Per Unit	
<b>Examples: Pet fees, concierge, storage</b>		\$	
		\$	
		\$	
		\$	
		\$	

Parking	Number of Spaces	Monthly Fee	Annual Income	Valet or
				Self-Park
<b>Residential</b>		\$	\$	
<b>Commercial</b>		\$	\$	

Leased Area	Occupancy	Rentable Sq. Ft.	Rent per Sq. Ft.	Lease Basis	Lease
			As of 1-1-2016	(Gross, NNN)	Start Date
<b>Examples: Bank, Restaurant, Office, Storage, Day Care</b>			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		

**Telecommunications**

Equipment Type	Monthly Fee	Annual Income
<b>Rooftop Antennas</b>	\$	\$
<b>Other</b>	\$	\$
<b>Other</b>	\$	\$
<b>Other</b>	\$	\$

Map/Block/Lot:

## Expenses

Provide the property expense information for Calendar Year 2015. Columns 2 and 3 denote the party responsible for payment. Provide the actual costs to operate the building. Please provide copies of signed lease agreements.

Category	Owner	Tenant	Explanation/Lease Type	Notes
<b>Administrative</b>				Includes management/ administrative payroll, supplies, legal, & general services.
<b>Security</b>				Includes all Security costs, payroll, and supplies, as paid by Owner.
<b>Cleaning</b>				Includes cleaning, payroll, supplies, contracts, trash /waste removal, windows, (also cleaning of HVAC equipment).
<b>Repairs and Maintenance</b>				Includes R&M payroll, materials, supplies; includes R&M related to elevators, HVAC, electrical, plumbing; supplies and misc. expenses; building exterior; grounds, landscaping; snow removal.
<b>Utilities</b>				Includes building utilities expense, including heat, electric, tenant electric, gas, oil, water, sewer charges, plus other utility costs.
<b>Advertising</b>				Includes all Advertising costs related to Leasing of space, as paid by Owner.
<b>Building Insurance</b>				Includes annual building Insurance cost, paid by Owner. (Does not include any Workman's Comp premiums).
<b>Total Operating Expense</b>				Includes Total Annual Operating Costs for building.
<b>*See Notes</b>				Does NOT include any real estate Taxes, Depreciation, Mortgage payments, Interest, property Liens, installment loans or unrelated fees.
<b>Replacement Reserves</b>				Include those annual amounts actually set aside by Owner for future replacement of large assets.
<b>Extraordinary Expenditures (describe below)</b>				Include large non-typical expense items, necessary for the continued operation of the building. Describe the item, cost, and the approx. number of years of expected, economic (useful) life.

## Sales Transaction

Please describe any and all sales occurring between 1/1/15 through 12/31/15.

Sales Date _____	Mortgage Amount _____
Sale Price _____	Mortgage Debt Ratio _____
% Interest _____	Mortgage Rate _____
Title Reference (Book/Page) _____	Mortgage Term _____
Seller _____	Non Realty Items Included _____
Buyer _____	Value of Non Realty Included _____

## Comments

Please provide an overview of the building's operations in calendar year 2015.

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## Affidavit

*As required by Mass. General Law, chapter 59, Section 38D, I hereby declare under oath that the above information and addenda are presented as being true, correct and complete to the best of my knowledge and belief and are submitted under the penalties of perjury.*

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

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

Contact E-mail address: \_\_\_\_\_

Signature of Preparer: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Contact E-mail address: \_\_\_\_\_

**Return this form by Mail  
or Email to:**

Assessors Department  
Quincy City Hall  
1305 Hancock Street  
Quincy, MA 02169

[jreid@quincyma.gov](mailto:jreid@quincyma.gov)