



Office of the City Assessor
 W240 N3065 Pewaukee Road
 Pewaukee, WI 53072
 Phone: (262) 746-3307
 Fax: (866) 848-8874
 assessor@pewaukee.wi.us

TAX YEAR: _____
 Owner: _____
 Address: _____
 Tax key number: _____

Please complete the information requested on this form and the Confidential Rent Roll. The data that we are requesting is related to the income and expenses the building / land generate. Information should be as of **January 1, _____**. We are not interested in the income and expenses of the actual business(es). Use additional sheets if necessary. A copy of your current rent schedule may be attached in lieu of completing the attached Confidential Rent Roll if it provides all of the information outlined.

OWNER INFORMATION*

Name (print)	_____	Phone	_____
Signature	_____	Date	_____
Email	_____		
Mailing Address	_____		

*If an agent is representing the property owner, the property owner must provide prior written authorization for the agent to represent the company when contacting the reviewing authority. Agent Authorization form (PA-105) is available at <https://www.revenue.wi.gov/DORForms/pa-105.pdf>

BUILDING INFORMATION

Gross Building Area – Sq Ft	_____	Area Currently Leased – Sq Ft	_____
Gross Leasable Area – Sq Ft	_____	Area Currently Vacant – Sq Ft	_____

Does the owner occupy any space within the building? Y / N If yes, _____ Sq. Ft.

Are tenants required to reimburse real estate taxes? Y / N

SITE INFORMATION

Are you aware of any soil contamination?	Y / N	
Do you have a Phase I report?	Y / N	
Do you have a Phase II report?	Y / N	
Is there any Ground Lease(s)?	Y / N	If yes, include copy of lease.

PARKING

Number of Covered Parking Spaces _____
 Number of Surface Parking Spaces _____

Remarks:

INCOME & EXPENSES SUMMARY

Enter the annual expense prior to tenant reimbursement for the items listed. Round to the nearest dollar. If you list Other Expenses, describe the expense in the space provided. Use estimates if actual data is not available. Prorate expenses that do not occur annually.

	Year 1 _____	Year 2 _____	Year 3 _____
INCOME			
Rental Income			
Late Fees			
Parking/Garage(s)			
Vending			
Reimbursements – Taxes			
Reimbursements – Maintenance			
Reimbursements – Utility			
Other (specify)			
TOTALS			
OPERATING EXPENSES			
MANAGEMENT			
Wages, Salaries & Benefits			
Insurance			
Accounting & Legal			
Advertising & Marketing			
Leasing Commissions			
Office/Telephone			
Other (specify)			
UTILITIES			
Gas & Electric – Common Area			
Gas & Electric – Leased Areas			
Sewer/Water/Garage			
Other (specify)			
SUPPLIES			
Office			
Janitorial/Cleaning			
Other (specify)			
MAINTENANCE & REPAIRS			
General Repairs			
Decorating			
Elevator			
Grounds/Snow Removal			
ANNUAL RESERVES			
Capital Improvements			
Other (specify)			
OTHER EXPENSES			
Amortization			
Depreciation			
Interest			
Mortgage			
Taxes			
Other (specify)			
TOTALS			

