



RPIE- 2019

Confidential

### REAL PROPERTY INCOME AND EXPENSE WORKSHEET

CHECK YOUR MAILING ADDRESS. All owners must maintain a current mailing address for each property within Cook County. To check your mailing address for this property, look at the latest Property Tax Bill found at [www.cookcountytreasurer.com](http://www.cookcountytreasurer.com)

#### PART I: OWNER AND PROPERTY INFORMATION

##### SECTION A: OWNER/TAXPAYER INFORMATION

1.a. Taxpayer's Name \_\_\_\_\_

1.b. Daytime Phone Number \_\_\_\_\_

1.c. Taxpayer's Street Address \_\_\_\_\_

1.d. City, State, Zip \_\_\_\_\_

1.e. Date \_\_\_\_\_

1.f. Relationship to Property:  Owner  Former Owner Liable for Tax  Tenant Liable for Tax  
 Beneficiary of Trust  Executor  
 Other non-attorney/non-taxpayer-representative (explain): \_\_\_\_\_

1.g. Property is owner-occupied:  YES  NO  
Owner-occupied sq. ft.: \_\_\_\_\_

If this documentation is being filed by the owner, taxpayer, or lessee of this property, ensure that you complete Section V, Part A.

If an attorney or tax representative is filing this documentation on behalf of a taxpayer, owner, or lessee, ensure that you provide the Representative Code Number below, and that Part V Section B is completed and then then detached and filed separately.

\_\_\_\_\_  
Representative Code Number (if an attorney or tax representative is filing this documentation)

Attorneys: find your code by contacting the Cook County Board of Review, (312) 603-5542

Non-attorneys: find your code by contacting our Freedom of Information Department, (312) 603-5307

\_\_\_\_\_  
Appeal Number (if known)

**SECTION B: PROPERTY IDENTIFICATION**

1. Please indicate all contiguous properties that have the same owner, are operated as one economic unit and are in the same township.

2. Property Index Number (PIN)

Prorated Property

Multi-Class Property

Explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3.  Check here if this property is a hotel.

4. Condominiums Filing for Multiple Pins

a.  Entire Condominium from PIN \_\_\_\_\_ to \_\_\_\_\_.

b.  Condominium units from PIN \_\_\_\_\_ to \_\_\_\_\_;  
from PIN \_\_\_\_\_ to \_\_\_\_\_;  
from PIN \_\_\_\_\_ to \_\_\_\_\_;  
from PIN \_\_\_\_\_ to \_\_\_\_\_;  
from PIN \_\_\_\_\_ to \_\_\_\_\_;  
from PIN \_\_\_\_\_ to \_\_\_\_\_;  
from PIN \_\_\_\_\_ to \_\_\_\_\_;  
from PIN \_\_\_\_\_ to \_\_\_\_\_

5. Address of Property: \_\_\_\_\_

6. Township: \_\_\_\_\_

**SECTION C: PROPERTY USE**

1. Description:

Industrial

Commercial

Residential Apartments/ 7 units or more

Mixed Use

Specials

Condo

2. Type:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Additional Property Information

a. Total # of Units: \_\_\_\_\_ b. # of Residential Units: \_\_\_\_\_ c. # of Commercial Units: \_\_\_\_\_

e. # of Buildings: \_\_\_\_\_ f. # of Floors: \_\_\_\_\_ g. Year of Purchase: \_\_\_\_\_

h. Total building sqft: \_\_\_\_\_ i. sqft of Commercial: \_\_\_\_\_ j. sqft of Residential: \_\_\_\_\_

**SECTION D: VACANCY INFORMATION**

Indicate the total square feet or units that were vacant (unoccupied, unleased and/or generating no income) as of January 1, 2019. Estimate vacancy for the future months.

		Commercial/Industrial			Apartments /Condos		
		a.	b.	c.	d.	e.	f.
		Total Sq. Ft. of Commercial/Industrial Area <b>Occupied</b>	Total Sq. Ft. of Commercial/Industrial Area <b>Vacant</b>	Total Sq. Ft. of Commercial/Industrial Area	Total Number of Residential Condos/Apartments <b>Occupied</b>	Total Number of Residential Condo/apartments <b>Vacant</b>	Total Number of Condo/Apartments
	January						
	February						
	March						
	April						
	May						
	June						
	July						
	August						
	September						
	October						
	November						
	December						

**END OF RPIE-2019 PART I: OWNER AND PROPERTY INFORMATION**  
**IF APPLICABLE, CONTINUE ON TO**  
**PART II: INCOME AND EXPENSE STATEMENT (FOR ALL PROPERTIES EXCEPT HOTELS)**  
**OR**  
**PART III: INCOME AND EXPENSE STATEMENT (FOR HOTELS ONLY)**

<b>PART II: INCOME &amp; EXPENSE STATEMENT (FOR ALL PROPERTIES EXCEPT HOTELS)</b>		
<b>SECTION A: REPORTING PERIOD</b>		
1. The income and expense statement is for a: <input type="checkbox"/> Calendar Year <input type="checkbox"/> Fiscal Year <input type="checkbox"/> Partial Year		
2. Please indicate the period covered in this statement: From _____ - _____ To _____ - _____		
3. Additional income and expense statements submitted for years: <input type="checkbox"/> 2016 <input type="checkbox"/> 2017 <input type="checkbox"/> 2018		
<b>SECTION B: INCOME FROM REAL ESTATE. Do not list any negative figures.</b>		
	# of units	Income (\$ per year)
1. a. Residential Subsidized (If an amount is entered as Income, you must also enter the # of units)		
b. Residential Unsubsidized (If an amount is entered as Income, you must also enter the # of units)		
c. Total Residential Income - see instructions		
2. Office		
3. Retail Tenants		
4. Loft		
5. Factory		
6. Warehouse		
7. Storage		
8. Garages/Parking		
9. Owner-Occupied or Owner-Related Space		
10. Ancillary Income		
a. Operating Escalation		
b. Real Estate Tax Escalation		
c. Sale of Utility Services		
d. Sale of Other Services		
e. Government Rent Subsidies		
f. Signage/Billboard		
g. Cell Towers		
11. Other (detail other uses below):		
a.		
b.		
c.		
<b>12. Total Income from Real Estate</b>		
<b>SECTION C: INCOME FROM BUSINESS. Do not list any negative figures.</b>		
Owner Occupied		Income (\$ per year)
1. Merchandise		
2. Food and Beverage		
3. Parking		
4. Automotive Fuel		
5. Admissions		
6. Other Sales		
7. Department Store Sales		
a. Gross Department Store Sales		
b. Returns and Refunds (Deduct from Gross Department Store Sales)		
c. Leased Departments		
d. Net Department Store Sales		
<b>8. Total Income from Business</b>		

**SECTION D: PROPERTY OPERATING EXPENSES. Do not list any negative figures.**

	Expenses(\$ per year)
1. Fuel	
2. Light and Power	
3. Cleaning Contracts	
4. Wages and Payroll	
5. Repairs and Maintenance	
6. Management and Administration	
7. Insurance (annual)	
8. Waste	
9. Phone	
10. Internet	
11. Other utilities	
12. Water & Sewer	
13. Advertising	
14. Interior Painting and Decorating	
15. Amortized Leasing Costs (annualized, pro-rated cost)	
16. Amortized Tenant Improvement Costs (annualized, pro-rated cost)	
17. Miscellaneous Expenses: (not all deducted by Finance during valuation)	
a.	
b.	
c.	
d.	
<b>18. Total Expenses</b>	
19. Real Estate Taxes, Bad Debt, Depreciation and Mortgage Interest	
(These expenses are not included when tallying Total Expenses)	

**PART III: INCOME & EXPENSE STATEMENT FOR HOTELS ONLY**

**SECTION A: REPORTING PERIOD**

1. The income and expense statement is for a:  Calendar Year  Fiscal Year  Partial Year  
 2. Please indicate the period covered in this statement: From \_\_\_\_\_ - \_\_\_\_\_ To \_\_\_\_\_ - \_\_\_\_\_  
 3. Name of the Hotel or Motel: \_\_\_\_\_ 4. Total # of Rooms: \_\_\_\_\_  
 4a. # of Transient Rooms: \_\_\_\_\_ 4b. # of Permanent Rooms: \_\_\_\_\_ 4c. # of Keys: \_\_\_\_\_  
 4d. Occupancy Rate for 2017: \_\_\_\_\_ 4e. RevPAR for 2017 \_\_\_\_\_ 4f. Average Daily Rate for 2019 \_\_\_\_\_

**SECTION B: INCOME. Do not list any negative figures.**

	Income(\$ per year)
1. Departmental	
a. Rooms	
c. Telecommunications	
d. Conferences and Exhibits	
e. Parking	
f. Other Department	
<b>2. Total Departmental Income</b>	
3. Rental Tenants	
a. Apartments, including Permanent Tenants	
b. Stores	
c. Restaurants	
d. Offices	
e. Others	

Cook County Assessor  
Real Property Income and expense worksheet

<b>4. Total Rental tenants</b>	
5. Signage/Billboard	
6. Cell Towers	
7. Other (describe): a) _____ b) _____ c) _____	
<b>8. Total Income</b>	

**SECTION C: EXPENSES. Do not list any negative figures.**

	Expenses(\$ per year)
1. Operating	
a. Rooms	
b. Food and Beverage	
c. Telecommunications	
d. Other Departments (describe):	
<b>2. Total Departmental Expenses</b>	
3. Undistributed Operating	
a. Administrative and General	
b. Marketing	
c. Management Fee	
d. Franchise Fee	
e. Energy	
f. Property Maintenance	
g. Insurance	
h. Other Operating (describe): a) _____ b) _____ c) _____	
<b>4. Total Undistributed operating Expenses</b>	
<b>5. Total operating</b>	
6. Financial and Other (describe):	
<b>7. Total Expenses</b>	

**SECTION D: FURNITURE, FIXTURES, AND EQUIPMENT. Do not list any negative figures.**

	(\$ per year)
1. Net Operating Income	
2. Net Income	
3. Furniture, Fixtures and Equipment (FF & E) Used in Hotel Operations	
a. Is there a reserve for FF & E ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
b. Contribution to reserve in reporting year	
c. Cost of items purchased in reporting year	
d. Book cost of all FF & E at year end	
e. Depreciation of FF & E for reporting year	
f. Book cost less accumulated depreciation	

**PART IV: Additional Information**

**SECTION A: Enclosed Attachments**

- Appraisal
- Rent Roll
- Leases
- Photographs
- Income and Expense Statements
  - 2018
  - 2017
  - 2016
  - 2015
- Star report

- Utility Bill
- 1044 Schedule E
  - 2018
  - 2017
  - 2016
  - 2015
- Sale Contract
- Building Permit

**CONTINUE ON TO PART V: FILER INFORMATION.**

**SECTION A: IF THE TAXPAYER, OWNER, OR LESSEE IS THE FILER.**

**OR**

**SECTION B: IF AN ATTORNEY OR TAX REPRESENTATIVE IS THE FILER.**



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**REAL PROPERTY INCOME AND EXPENSE  
WORKSHEET: VERIFICATION**

**PART V: Filer Information**

**SECTION A: Taxpayer/Owner Filer Information**

Complete this page if you are filing and are the taxpayer, owner, or lessee of this property.

\_\_\_\_\_  
1.a. Name

\_\_\_\_\_  
1.b. Date

By entering their name in the signature box and filing this form with the Cook County Assessor, the filer of the form certifies and attests to the accuracy of all the information provided in the form, either from personal knowledge or from knowledge derived from others whom the filer has ascertained to have personal knowledge of the information provided in the form. Additionally, the filer certifies that they have reviewed all of the information and certifies, that the information provided is consistent with the facts of the leasing or rental of the real estate in question, that the statements are true and correct, except as to matters therein stated to be on information and belief, and that as to such matters they certify that they verily believe the same to be true.

The filer acknowledges that filing false or fraudulent information with the Assessor's office with the intent to defeat or evade the law is a violation of Section 35 ILCS 200/25-40 of the Illinois Property Tax Code.

\_\_\_\_\_  
Signature of Taxpayer/Owner

Appeal Number (if known)





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**REAL PROPERTY INCOME AND EXPENSE  
WORKSHEET: VERIFICATION**

**PART V: Filer Information**

**SECTION B: Representative Filer Information**

Complete this section ONLY to identify yourself as a representative filing Real Property Income and Expense data on behalf of a taxpayer.

If you are a taxpayer filing on your own behalf, skip/omit this page.

1. a. Representative's Name/Firm Name

1.b. Daytime Phone Number

1.c. Representative's Street Address

1.d. City, State, Zip

1.e. Date

1.f. Representative Code Number

By entering their name in the signature box and filing this form with the Cook County Assessor, the filer of the form certifies and attests to the accuracy of all the information provided in the form, either from personal knowledge or from knowledge derived from others whom the filer has ascertained to have personal knowledge of the information provided in the form. Additionally, the filer certifies that they have reviewed all of the information and certifies, that the information provided is consistent with the facts of the leasing or rental of the real estate in question, that the statements are true and correct, except as to matters therein stated to be on information and belief, and that as to such matters they certify that they verily believe the same to be true.

The filer acknowledges that filing false or fraudulent information with the Assessor's office with the intent to defeat or evade the law is a violation of Section 35 ILCS 200/25-40 of the Illinois Property Tax Code.

\_\_\_\_\_  
Signature of Filing Representative

**IF COMPLETED, THIS PAGE MUST BE DETACHED AND FILED SEPARATELY.**

**PER THE RULES OF THE COOK COUNTY ASSESSOR, IF REPRESENTATIVE IDENTIFICATION IS FILED WITH SUBSTANTIVE DOCUMENTATION FOR AN APPEAL, THIS IS GROUNDS FOR AN APPEAL DECISION OF "NO CHANGE."**

\_\_\_\_\_  
Appeal Number (if known)