



TAX COMMISSION OF THE CITY OF NEW YORK
1 Centre Street, Room 2400, New York, NY 10007

High Value
 Copy

TC201
2019/20

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 6-9 ON PAGE 2.

1. PROPERTY IDENTIFICATION				
BOROUGH (Bronx, Brooklyn, Manhattan, Queens or Staten Island)	BLOCK	LOT	TAX COMM. GROUP NO.	ASSESSMENT YEAR 2019/20
a. ♦ If property is a condominium, does this schedule cover all lots listed on Form TC109? _____ (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: <input type="checkbox"/> Additional lots are listed on page _____ <input type="checkbox"/> All lots are contiguous <input type="checkbox"/> All lots are operated as a unit				
c. ♦ Does this schedule report occupancy and income for the entire tax lot (or lots)? _____ (Y/N). If no, describe portions not covered and reason for omission: _____				
2. CURRENT YEAR REPORTING PERIOD AND ACCOUNTING BASIS ACCOUNTANT'S CERTIFICATION FORM TC309 MAY BE REQUIRED SEE INSTRUCTIONS				
Current year reporting period: From ____/____/____ to ____/____/____ Accounting basis: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual				
Has the accounting basis changed from the prior reporting period? Y <input type="checkbox"/> N <input type="checkbox"/>				
3. RESIDENTIAL OCCUPANCY AS OF JANUARY 5, 2019 - 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, 2019 – Approximate gross percent.				
FLOOR	APPLICANT OR RELATED	RENTED (UNRELATED)	VACANT	TOTAL
FLOOR 3-____	%	%	%	%
2 ND FLOOR	%	%	%	%
1 ST FLOOR	%	%	%	%
BASEMENT	%	%	%	%
ENTIRE BUILDING	%	%	%	100%
5. LAND OR BUILDING LEASE INFORMATION AS OF JANUARY 5, 2019				
♦ Is the entire tax lot (or lots) or the entire land portion of the tax lot (or lots) subject to an arms-length (i.e., between unrelated parties) lease? _____ (Y/N). If YES, complete this Part.				
♦ If the Applicant is the lessee (tenant), does Applicant receive any rental income from the property? _____ (Y/N). If YES, Applicant must complete Parts 6 through 10 on page 2. If NO, complete this Part or report lease information on Form TC200.				
LESSOR (LANDLORD)	IF NOT OWNER OF RECORD, DESCRIBE RELATION TO PROPERTY			
LESSEE (TENANT)	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).				

6. INCOME INFORMATION		BOROUGH/BLOCK/LOT	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.
I. TOTAL GROSS INCOME					l.
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)					m.
n. Real estate taxes (before any abatements)					n.
o. TOTAL EXPENSES (add lines m and n)					o.
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 (do not include mortgage payments or depreciation)					
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 for electricity in addition to the rent? ____ (Y/N)					