

	<div style="display: flex; justify-content: space-between;"> <span>RPIE- 2023</span> <span>Confidential</span> </div> <h2 style="text-align: center; margin: 0;">REAL PROPERTY INCOME AND EXPENSE WORKSHEET</h2>
<p>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 <a href="http://www.cookcountytreasurer.com">www.cookcountytreasurer.com</a></p>	
<b>PART I: OWNER AND PROPERTY INFORMATION</b>	
<b>SECTION A: OWNER/TAXPAYER INFORMATION</b>	
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: <input type="checkbox"/> Owner <input type="checkbox"/> Former Owner Liable for Tax <input type="checkbox"/> Tenant Liable for Tax <input type="checkbox"/> Beneficiary of Trust <input type="checkbox"/> Executor <input type="checkbox"/> Other non-attorney/non-taxpayer-representative (explain): _____	
1.g. Property is owner-occupied: <input type="checkbox"/> YES <input type="checkbox"/> 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

**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**

**Reporting period: the last 12 months relative to the time of your filing.** Indicate the total square feet or units that were vacant (unoccupied, unleased and/or generating no income).

		Commercial/Industrial			Apartments /Condos		
		a.	b.	c.	d.	e.	f.
Filing date: ____ / ____ - ____ Month / Year  Please enter vacancy information for each of the last 12 months prior to your month of this RPIE filing date.  Month / Year		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
1 month ago	____ / ____ - ____						
2 months ago	____ / ____ - ____						
3 months ago	____ / ____ - ____						
4 months ago	____ / ____ - ____						
5 months ago	____ / ____ - ____						
6 months ago	____ / ____ - ____						
7 months ago	____ / ____ - ____						
8 months ago	____ / ____ - ____						
9 months ago	____ / ____ - ____						
10 months ago	____ / ____ - ____						
11 months ago	____ / ____ - ____						
1 year ago	____ / ____ - ____						

**END OF RPIE 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)**

**PART II: INCOME & EXPENSE STATEMENT (FOR ALL PROPERTIES EXCEPT HOTELS)**

**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. Additional income and expense statements submitted for years: ☐ 2020 ☐ 2021 ☐ 2022

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

	# 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.		
12. Total Income from Real Estate		

**SECTION C: INCOME FROM BUSINESS. Do not list any negative figures.**

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		
8. Total Income from Business		

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Real Property Income and expense worksheet

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**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.	
18. <b>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. Reporting period: 2022 operating year.**

**SECTION A: HOTEL AND OPERATING INFORMATION.**

1. Name of the Hotel or Motel: \_\_\_\_\_
- 2a. Total # of Guest Rooms: \_\_\_\_\_ 2b. # of Transient Rooms: \_\_\_\_\_ 2c. # of Permanent Rooms: \_\_\_\_\_
3. Occupancy Rate: \_\_\_\_\_ 4. Average Daily Rate - Guest Rooms \_\_\_\_\_
5. RevPAR: \_\_\_\_\_ 6. Operating Company: \_\_\_\_\_

**SECTION B: INCOME. Please do not list any negative figures.**

	Income(\$ per year)
1. Departmental	
a. Rooms	
b. Food and Beverage	
c. Telecommunications	
d. Conferences and Exhibits (include equipment rental)	
e. Parking	
f. Other Departmental Revenues	
2. <b>Total Departmental Income</b>	
3. Rental Tenants	
a. Apartments	
b. Stores	
c. Restaurants	
d. Offices	
e. Other Rental Revenues	

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Real Property Income and expense worksheet

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<b>4. Total Rental Tenants income</b>	
5. Signage and Billboard Revenue	
6. Cell Tower Revenue	
7. Other income (please describe): _____	
<b>8. Total Income</b>	
<b>SECTION C: EXPENSES. Do not list any negative figures.</b>	
	Expenses(\$ per year)
1. Operating Expenses	
a. Guest Rooms	
b. Food and Beverage	
c. Telecommunications	
d. Other Departments Expenses	
<b>2. Total Departmental Expenses</b>	
3. Undistributed Operating Expenses	
a. Administrative and General	
b. Food and Beverage	
c. Marketing	
d. Management Fee	
e. Franchise Fee	
f. All Utilities	
g. Property Maintenance	
h. Insurance	
i. Other Operating Expenses	
j. Reserve for Replacement	
k. Real Estate Taxes	
l. Other Costs	
<b>4. Total Undistributed Operating Expenses</b>	
<b>5. Total Operating Expenses</b>	
6. Financial and Other (describe): _____	
<b>7. Total Expenses</b>	
<b>SECTION D: FURNITURE, FIXTURES, AND EQUIPMENT. Do not list any negative figures.</b>	
	(\$ 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	
4. Other CAPX expenses in the reporting year	
Please describe: _____	

**PART IV: Additional Information**

**SECTION A: Enclosed Attachments**

- ☐ Appraisal
- ☐ Rent Roll
- ☐ Leases
- ☐ Photographs
- ☐ Income and Expense Statements
  - ☐ 2022
  - ☐ 2021
  - ☐ 2020
  - ☐ 2019
- ☐ Star report

- ☐ Utility Bill
- ☐ 1044 Schedule E
  - ☐ 2022
  - ☐ 2021
  - ☐ 2020
  - ☐ 2019
- ☐ 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 signing below and filing this form with the Cook County Assessor, the filer certifies that the information has been reviewed by the filer, taxpayer, or property owner, that the information 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.

An Attorney may, if authorized by a taxpayer or property owner to do so, certify this information supplied on behalf of a taxpayer, provided that the attorney has been duly diligent in explaining to the taxpayer: (1) that the attorney is acting as the agent of the taxpayer; (2) that the taxpayer bears the legal burden assumed by asserting the truth and correctness of the information provided; and (3) that the certification will be attributed to the taxpayer or property owner in question rather than the attorney.

\_\_\_\_\_  
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 signing below and filing this form with the Cook County Assessor, the filer certifies that the information has been reviewed by the filer, taxpayer, or property owner, that the information 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.

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

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