



CITY OF NEW YORK, OFFICE OF THE CORPORATION COUNSEL  
 TAX AND BANKRUPTCY LITIGATION DIVISION  
 100 CHURCH STREET  
 NEW YORK, NEW YORK 10007  
 TELEPHONE #: 212-788-0439  
 FACSIMILE #: 212-788-0450

STATE OF NEW YORK  
 COUNTY OF :

\_\_\_\_\_

\_\_\_\_\_, being duly sworn, says that (s)he is the \_\_\_\_\_ owner/lessee of the real property described in the attached audit forms; that the statements of income, expenses and other information set forth therein are true and accurate; that all information requested has been completed and attached to this Certification, and that in making this affidavit (s)he knows the appropriate City agencies will rely thereon in connection with their review of the assessed valuation(s) of the real property described therein for the tax years under review.

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
 OWNER/LESSEE  
 (INDICATE IF PARTNER OR CORPORATE OFFICER AND STATE TITLE)

**PLEASE CHECK EACH BOX THAT APPLIES:**

- Assessment Reductions sought to correct alleged violation of statutory assessment increase limitations (RPTL §1805).
- Misclassification/reclassification sought. If either, attach copies of documents filed with City agencies requesting said changes.

**REAL PROPERTY TAX AUDIT REPORT FORM**

(#1572480 xl-1/2011)

BOROUGH \_\_\_\_\_ BLOCK \_\_\_\_\_ LOT(S) \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 PETITIONER \_\_\_\_\_  
 ATTORNEY \_\_\_\_\_  
 TELEPHONE NO. \_\_\_\_\_  
 TAX YEARS UNDER REVIEW \_\_\_\_\_  
 TAX CLASS \_\_\_\_\_ BUILDING CLASS \_\_\_\_\_  
 CHECK ONE  CASH BASIS  ACCRUAL BASIS  
 If actual assessment on property exceeds \$500,000 in the first year covered by this cert, check here.

**PETITIONER'S CERTIFICATION**

(Any Changes made to this certification shall render it void)

**NOTES:** COMPLETION OF THIS FORM DOES NOT PRECLUDE THE CITY FROM MAKING AN INDEPENDENT AUDIT OF THE PETITIONER'S BOOKS AND RECORDS.

THIS FORM IS TO BE USED FOR RESIDENTIAL, COMMERCIAL, AND OWNER-OCCUPIED PROPERTIES. THERE ARE INSTRUCTIONS FOR COMPLETION OF THIS FORM. SUBMIT COMPLETE FORM. INDICATE "N/A" IF SECTION DOES NOT APPLY. THE ORIGINAL AND TWO COPIES MUST BE SERVED.

ALL INCOME AND EXPENSES MUST BE REPORTED IN GROSS AMOUNTS. NET FIGURES ARE NOT ACCEPTABLE, ALL FIGURES IN THIS REPORT SHOULD BE ROUNDED OFF TO THE NEAREST DOLLAR.

**WHERE THIS FORM PROVIDES THAT INFORMATION MAY BE ATTACHED IN A SUMMARY FORMAT, FULL COPIES OF SAID DOCUMENTATION MAY STILL BE REQUIRED TO BE PROVIDED AT A LATER DATE AND SHOULD BE MAINTAINED AND PRESERVED UNTIL DISPOSITION OF THE PROCEEDINGS UNDER REVIEW.**

ANY INQUIRIES REGARDING THIS FORM OR INFORMATION REQUIRED BY IT SHOULD BE DIRECTED IN WRITING TO THE TAX AND BANKRUPTCY LITIGATION DIVISION, ROOM 5-236, 100 CHURCH STREET, NEW YORK, NEW YORK 10007. TELEPHONE NO. (212) 788-0439

**PROPERTY DESCRIPTION INFORMATION**

**SECTION A: GENERAL INFORMATION**

1. Number of Buildings:	10. Was property acquired along with other lots: <input type="checkbox"/> YES <input type="checkbox"/> NO
2. Year Built: <sup>1</sup>	11. Purchase/acquisition price: \$
3. Total number of Units:	12. Contract of sale and closing statement attached: <sup>2</sup> <input type="checkbox"/> YES <input type="checkbox"/> NO
4. Number of Residential Units:	13. Real property Transfer Tax Return attached? <input type="checkbox"/> YES <input type="checkbox"/> NO
5. Total number of Residential Rooms:	14 <input type="checkbox"/> Check here if the property is subject to rent regulation. If yes, have any orders relating to the subject property been issued from DHCR in any year under review herein? Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Total number of Commercial Units:	
7. Total number of Stories:	15 <input type="checkbox"/> Check here if the property is a utility property.
8. Total number of elevators:	16. Land area of property (in square feet):
9. Year of Purchase/acquisition:	17. Was an appraisal prepared which values the subject of property during the years under review or the years immediately proceeding the first year under review. <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", indicate reconciled value conclusion of appraisal \$ _____.

**SECTION B: Complete the following. Provide approximate gross square footage for each of the following uses, by the location in the property**

	A. # Units	B. Outdoor Space	C. Basement	D. First Floor	E. Second Floor	F. Third Floor and Above - Highest Floor is #:
18. Residential:						
19. Office:						
20. Retail:						
21. Loft:						
22. Factory:						
23. Warehouse:						
24. Storage:						
25. Garage/Parking:						
26. Hotel:						
27. Other:						
28. Other:						
<b>TOTAL GROSS SQ. FT.</b>						

<sup>1</sup> IF BUILDING WAS CONSTRUCTED WITHIN TWO (2) YEARS OF THE FIRST YEAR UNDER REVIEW, A SCHEDULE OF CONSTRUCTION COST IS REQUIRED

<sup>2</sup> IF ANY SALE OR CONVEYANCE OF THE SUBJECT PROPERTY OCCURRED WITHIN TWO (2) YEARS OF ANY YEAR UNDER REVIEW, A CONTRACT OF SALE AND CLOSING STATEMENT SETTING FORTH THE DETAILS OF THE TRANSACTION MUST BE ATTACHED TO THIS SECTION. INDICATE IF PARTIES ARE RELATED OR AFFILIATED

**SECTION C - TO BE COMPLETED ONLY IF THE PROPERTY IS A COOPERATIVE OR CONDOMINIUM**

29. Indicate the Property Type:  COOPERATIVE  CONDOMINIUM

	The Year is:		The Year is:		The Year is:		The Year is:		The Year is:	
	# of Units	Monthly Income (\$)	# of Units	Monthly Income (\$)	# of Units	Monthly Income (\$)	# of Units	Monthly Income (\$)	# of Units	Monthly Income (\$)
30. Unsold Occupied Units:										
31. Commercial Units that are Leased:										
32. Commercial Units Owned and Occupied by a Cooperative or Condominium Owner:										

**Check "YES" or "NO" to the following questions:**

33. Is Electricity separately metered to each unit	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
34. Is Electricity separately billed to any units	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
35. Is cable television billed to unit owners by cooperative or condominium?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
36. If the property has been converted to a cooperative from a residential building, does the sponsor still retain an interest in commercial leases at the subject property? <input type="checkbox"/> YES <input type="checkbox"/> NO			

**SECTION D: LEASE/OWNER OCCUPANCY INFORMATION**

37. Is any part of the property subject to a net lease?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
38. Is there a ground lease on the property? If "YES", Indicate the term of the ground lease.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	<b>From:</b> _____	<b>To:</b> _____
39. Owner Occupancy: Is any part of the property owner-occupied?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
40. Did a rent strike affect the subject property during any year in review? If "YES", provide details on separate page along with any orders issued by the court.	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**SECTION E: EXEMPTION/ABATEMENT INFORMATION**

If the subject property benefited from any real estate tax exemptions/abatements during the years under review, complete this section. If not, check "No exemptions/Not Applicable."

EXEMPTION/ABATEMENT TYPE	A. Year Starting	B. Year Ending	C. Benefit Schedule by Year (example: 100% thru year 11 reduced by 20% years 12-15)
41. J 51:			
42. ICIP:			
43. ICAP:			
44. Other: (Specify)			
45. Other: (Specify)			
<input type="checkbox"/> No Exemptions/Not Applicable			

Check here if claim petitioner and complete this part if petitioner is disputing the calculation of a partial exemption.

	Property as a Whole	Taxable Portion
a. Tentative actual assessment	\$ _____	\$ _____
b. Applicant's estimate of market value	\$ _____	\$ _____
c. Requested assessment = line b x 6% or 45% assessment ratio	\$ _____	\$ _____
d. Market value of land as if unimproved (if relevant)	\$ _____	\$ _____
f. Market value added by construction or alteration during past two years	\$ _____	\$ _____

Information in support of market value estimate:

**SECTION F: INSURANCE INFORMATION**

In effect on taxable status date of each year covered by the Real Property Tax Audit Report Form

TYPE OF COVERAGE	PAID BY LANDLORD OR TENANT	\$ REIMBURSED BY TENANT	NAME OF COMPANY	TERM		AMOUNT OF COVERAGE	ANNUAL PREMIUM
				FROM	TO		
Fire - Building							
Loss of Rents							
Boiler							
Liability							
Others (List Separately and							

if any of the policies listed above cover more than one property, attach details including listing of properties covered).

**SECTION G: MORTGAGE INFORMATION (LIST ALL MORTGAGES SEPARATELY)**

	FIRST	SECOND	THIRD
Name of Mortgagee			
Original Date of Mortgage			
Original Amount of Mortgage			
Last Refinancing Date of Mortgage			
Dollar Amount Refinanced			
Rate of Interest			
Balance of Mortgage at Ending Date of Due Date			

**SECTION "H" STATEMENT OF INCOME FOR YEAR LISTED. VACANCY FIGURES SHOULD BE AS OF TAXABLE STATUS DATE.**

(ADD ADDITIONAL PAGES IF CERTIFICATION BEING SUBMITTED COVERS MORE THEN FOUR YEARS)

CHECK HERE IF VACANCY SCHEDULE IS ATTACHED.

YEAR: START DATE

THROUGH END DATE

(IF YEAR IS OTHER THAN CALENDAR YEAR)

RENTAL INCOME:	FOR YEAR OF:				FOR YEAR OF:				FOR YEAR OF:				FOR YEAR OF:			
	\$	Vacant Sq. Ft.	# Vacant Units	Owner Occpd. Sq. Ft.	\$	Vacant Sq. Ft.	# Vacant Units	Owner Occpd. Sq. Ft.	\$	Vacant Sq. Ft.	# Vacant Units	Owner Occpd. Sq. Ft.	\$	Vacant Sq. Ft.	# Vacant Units	Owner Occpd. Sq. Ft.
Base Rents																
Apartments																
Senior Citizen Tax Abatement <sup>3</sup>																
Stores																
Garages																
Offices																
Lofts / Warehouse / Factory																
Other Income (list and identify)																
(Vacancies) <sup>4</sup>																
(Allowances)																
Percentage Rents																
Real Estate Tax																
Operating Escalations																
Sale of Utility Services																
Sale of Other Services																
Government Rent																
Cell Towers																
Signage/Billboard																
Other Income:																
Air Conditioning																
Electricity																
Gas																
Water																
Laundry Machines																
Vending Machines																
Interest																
Sundry (list and identify)																
Income not listed above. (indicate Type)																
<b>Total Income</b>																

<sup>3</sup> PLEASE IDENTIFY APARTMENTS OCCUPIED BY SENIOR CITIZENS AND INDICATE IF RENTS REPORTED ARE NET OR GROSS SCRIE

<sup>4</sup> REPORT ONLY IF RENTAL INCOME IS REPORTED GROSS OR ACCRUAL BASIS

**STATEMENT OF EXPENSES SECTION "I"**  
**(ADD ADDITIONAL PAGES IF CERTIFICATION BEING SUBMITTED COVERS MORE THEN FOUR YEARS)**

Page 1 of 3

EXPENSES:	FOR YEAR OF:	FOR YEAR OF:	FOR YEAR OF:	FOR YEAR OF:
Payroll - Building Employee				
Payroll Taxes - Building Employees				
Payroll - Clerical				
Payroll - Officers' or Partners' Salaries				
Payroll Taxes - Clerical				
Payroll Taxes Officers or Partners				
Union Pension and Welfare Fund				
Security Expense				
Other Employee Benefits				
Bad Debt Expense (if accrual method used)				
Management (Not shown above)				
Leasing Commissions				
Other Renting Expenses				
a.				
b.				
Advertising				
Telephone				
Interior Painting and Decorating				
Amortized Leasing and Tenant Improvement Costs. If Tenant Improvements are claimed, attach chart and check here <input type="checkbox"/> or itemize below				
a.				
b.				
c.				
d.				
Major Capital Improvements <sup>5</sup>				
Other Administrative Expenses (list and identify)				

<sup>5</sup> PROVIDE SEPARATE SHEET LISTING DESCRIPTION OF IMPROVEMENT, DATE OF EXPENDITURE, AND AMOUNT EXPENDED

**STATEMENT OF EXPENSES SECTION "I"**  
**(ADD ADDITIONAL PAGES IF CERTIFICATION BEING SUBMITTED COVERS MORE THEN FOUR YEARS)**

Page 2 of 3

<b>EXPENSES CONTINUED:</b>	<b>FOR YEAR OF:</b>		<b>FOR YEAR OF:</b>		<b>FOR YEAR OF:</b>		<b>FOR YEAR OF:</b>	
Painting - Apartments								
-Office or Loft								
-Halls, Public Areas & Exterior								
Boiler/Burner								
Electrical								
Elevator								
Carpentry								
Kitchen Cabinets, Bath Tubs, Sinks, etc.								
Mason and Cement								
Plumbing								
Refrigerators, Stoves and Other Appliances								
Air Conditioners								
Roofing and Waterproofing								
Supplies								
Other Repairs (list and identify)								
a.								
b.								
c.								
Electricity and Gas								
Fuel								
Water and Sewer								
Insurance								
Uniforms								
Exterminating								
Rubbish Removal								



**STATEMENT OF EXPENSES SECTION "I"**  
**(ADD ADDITIONAL PAGES IF CERTIFICATION BEING SUBMITTED COVERS MORE THEN FOUR YEARS)**

Page 3 of 3

<b>EXPENSES CONTINUED:</b>	<b>FOR YEAR OF:</b>		<b>FOR YEAR OF:</b>		<b>FOR YEAR OF:</b>		<b>FOR YEAR OF:</b>	
Depreciation								
Mortgage Expenses								
Interest on Mortgage								
Other Expense								
Real Estate Taxes (GROSS)								
N.Y.S. Franchise Tax								
N.Y.C. General Corporation Tax								
Vault Tax								
Other Taxes (list and identify)								
a.								
b.								
c.								
d.								
Other Expenses (list and identify)								
a.								
b.								
c.								
d.								
e.								
f.								
g.								
h.								
i.								
j.								
<b>TOTAL EXPENSES</b>								





**SECTION L: WEEKLY PAYROLL ANALYSIS**

SUBMIT PAYROLL INFORMATION AS SHOWN ABOVE FOR THE SECOND WEEK IN JANUARY OF EACH YEAR. IF ANY EMPLOYEE DOES NOT WORK EXCLUSIVELY AT THE SUBJECT PROPERTY, INDICATE WHICH EMPLOYEE(S) WITH AN ASTERISK ( \* ).

BUILDING EMPLOYEES	JANUARY OF THE YEAR:		JANUARY OF THE YEAR:		JANUARY OF THE YEAR:		JANUARY OF THE YEAR:	
	Number of Employees	TOTAL GROSS SALARY	Number of Employees	TOTAL GROSS SALARY	Number of Employees	TOTAL GROSS SALARY	Number of Employees	TOTAL GROSS SALARY
Superintendent								
Porter								
Elevator Operator								
Handyman								
Others (list separately)								
Total Number of Employees								
Total Regular Wages								
Add: Total Overtime								
<b>TOTAL WEEKLY WAGES</b>								

**SECTION M - TO BE COMPLETED ONLY IF THE PROPERTY IS A HOTEL OR MOTEL**

46. Name of Hotel or Motel:

a. Is the hotel managed by an entity that is unrelated to the filer?

YES  NO

b. Does any individual, business or institutional user of hotel rooms have proprietary rights to use the rooms?

YES  NO

c. If "YES," describe:

47. Total # of Rooms:

a. # of Transient Rooms: \_\_\_\_\_

b. # of Permanent Rooms: \_\_\_\_\_

c. # of Keys: \_\_\_\_\_

d. Occupancy Rate for Year: \_\_\_\_\_

48. Reporting Year: From: \_\_\_\_\_ to \_\_\_\_\_

Accounting Basis:  CASH

ACCRUAL

49. ROOM RATES (RACK RATES) AS OF: 12/31/ \_\_\_\_\_

Room Type	Number of Each	Single Rate (4)	Double Rate (\$)
50. RENTAL TENANTS USE AND NUMBER OF UNITS	FLOOR NUMBERS	GROSS FLOOR AREA (SQ. FT.)	TOTAL INCOME FOR YEAR:
Apartments			\$
Stores			\$
Restaurants			\$
Offices			\$
Garage			\$
Other (specify)			\$
			\$
			\$
Signage/Billboard			\$
Cell Towers/Telecom Equipment			\$
<b>TOTALS</b>			\$ _____

Answer the following questions YES or NO. For Questions answered yes, provide details below:

Was there any vacancy or change in tenancy in the nonresidential rental space during the reporting year?

YES

NO

Were any residential apartments vacant for 90 days or more during the reporting year?

YES

NO

Is any space leased to persons related to hotel operator?

YES

NO

If yes, are the receipts from that space reported in question #50 figures?

YES

NO

(List tenants and amounts reported below).

Detailed answers:

--	--

<b>51. INCOME (to be completed in lieu of Section H)</b>	<b>IN THE YEAR:</b>
<b>A. Departmental Income</b>	
a. Rooms	
b. Food and Beverage	
c. Telephone	
d. Conferences and Exhibits	
e. Parking	
f. Other Departments:	
Total Departmental Income	
Total Operating Income (51A + 50)	
<b>C. Other Income</b>	
a.	
b.	
c.	
<b>TOTAL INCOME (51A + 50 + 51C)</b>	
<b>52. EXPENSES (to be completed in lieu of Section I)</b>	
<b>A. Departmental expenses</b>	
a. Rooms	
b. Food and Beverage	
c. Telephone	
d. Other Departments:	
Total Departmental Expenses (52A a-d)	

<b>B. Undistributed operating expenses</b>	
a. Administrative and general	
b. Marketing	
c. Management Fee	
d. Franchise fee	
e. Energy	
f. Property Maintenance	
g. Insurance	
h. Other operating expenses	
Total undistributed operating expenses (52B a-h)	
Total Operating Expenses (52A + 52B)	
<b>C. Financial and Other Expenses:</b>	
Real estate rent expense	
Real estate taxes	
<b>TOTAL EXPENSES (52A + 52B + 52C)</b>	
<b>53. RECAPITULATION</b>	
Net Departmental Income (51A - 52A)	
Net Operating Income (51A + 50 - 52A - 52B)	
<b>54. FURNITURE, FIXTURES AND EQUIPMENT (FF&amp;E) USED IN HOTEL OPERATIONS:</b>	
Is there a reserve for FF & E? <input type="checkbox"/> YES <input type="checkbox"/> NO	Contribution to reserve in reporting year \$ _____
Cost of items purchased in reporting year \$ _____	Book cost of all FF & E at year end \$ _____
Depreciation of FF & E for reporting year \$ _____	Book cost, less accumulated depreciation \$ _____

**SECTION N: TO BE COMPLETED IF THE PROPERTY CONTAINS ANY PARKING-RELATED SPACE**

Rates as of January 5 of the reporting year, IF form covers more than one tax year additional years may be reported below or on a separate chart.

55. Outdoor Parking Information	For Year:	For Year:	For Year:	For Year:
a. Number of Outdoor Parking Spaces				
b. Monthly Rate Per Space:	\$	\$	\$	\$
c. Hourly Rate per Space:	\$	\$	\$	\$
d. Total Square Footage of Parking Space				

56. Indoor Parking Information:	For Year:	For Year:	For Year:	For Year:
a. Number of Indoor Parking Spaces:				
b. Monthly Rate per Space	\$	\$	\$	\$
c. Hourly Rate per Space	\$	\$	\$	\$

**SECTION O: TO BE COMPLETED IF THE PROPERTY IS A THEATER**

57. # of Theater Seats: \_\_\_\_\_

58. Is any part of the property subject to a net lease? \_\_\_\_\_  YES  NO

59. Is there a ground lease on the property? \_\_\_\_\_  YES  NO  
 If "YES," indicate the term of the ground lease From \_\_\_\_\_ To \_\_\_\_\_

60. Owner Occupancy: Is any part of this property owner-occupied? \_\_\_\_\_  YES  NO  
 If "YES," answer a and b below  
 a. Percentage that is owner occupied \_\_\_\_\_ %  
 b. Gross square footage that is owner-occupied: \_\_\_\_\_ sq. ft.



**SECTION P: INCOME FROM BUSINESS.**

Do not list any negative figures.

<b>Business Type</b>	Income \$	Income \$	Income \$	Income \$
	For Year:	For Year:	For Year:	For Year:
61. Merchandise				
62. Food and Beverage				
63				
64				
65				
66				
67. Department Store Sales				
68				
a. Gross Department Store Sales				
b. Returns and Refunds				
c. Leased Departments				
d. Net Department Store Sales				
<b>Total Income from Business</b>				