

Town of Newington Assessors Office
Hotel, Motel & Bed and Breakfast
Income and Expense Survey for Calendar Year 2024

Information provided is CONFIDENTIAL, in accordance with Connecticut Law.

Parcel ID: _____ Owner: _____ Property Address: _____

Form Preparer: _____ Telephone Number: _____

General Data

Room Configuration (number of rooms in each category)/Rates

Number of Available Rooms: _____

	# of Units	Rent/Day/Unit	Rent/Week/Unit
Single:			
Double:			
King:			
Other:			

Annual Occupancy: _____

Annual Average Daily Rate (ADR): _____

Segmentation of Annual Occupancy

	Transient	Corporate	Group	Other	Total
Percentage of Annual Occupancy:					100%
ADR for Segment:					

Annual Department Revenue

Rooms	\$ _____
Conference Facilities	\$ _____
Food and Beverage	\$ _____
Telephone	\$ _____
Minor Operated Departments	\$ _____
Miscellaneous Rentals and Other Income	\$ _____
1. Total Annual Revenue	\$ _____

2024 Annual Costs and Expenses

Rooms	\$ _____
Food and Beverage	\$ _____
Telephone	\$ _____
Minor Operated Departments	\$ _____
Leased Equipment	\$ _____
Administrative, Legal, Accounting	\$ _____
Marketing	\$ _____
HVAC	\$ _____
Property Operation and Maintenance	\$ _____
2. Total Operating Expenses	\$ _____
3. Gross Operating Profit (Subtract 2 from 1)	\$ _____
4. Management Fees	\$ _____

Fixed Operating Charges

Real Estate Taxes	\$ _____
Personal Property Taxes	\$ _____
Property Insurance	\$ _____
Reserved for Capital Replacement	\$ _____
5. Total Fixed Charges	\$ _____

Income Before Other Fixed Charges (3 minus 4 minus 5) \$ _____

Total Number of Room Nights Available in 2024 _____

Total Number of Room Nights Sold in 2024 _____

Comments or Additional Information (may be attached)

Signature: _____

Date: _____

Printed: _____

Position: _____

**RETURN TO THE ASSESSOR ON OR BEFORE JUNE 1, 2025 TO AVOID THE 10%
PENALTY**