INCOME AND EXPENSE QUESTIONNAIRE - City/Town:

Skilled Nursing Facility

FOR 12 MONTHS ENDING DECEMBER 31, 2022

Please Return to: **KRT Appraisal** 191 Merrimack Street **Suite 701** Haverhill, MA 01830

NOTE: THIS IS A TWO PAGE DOCUMENT NOTE: SIGNATURE IS REQUIRED ON SECOND PAGE

Parcel Location: Parcel Map and Lot: Parcel ID: Use Code:		
Please check best description for you	r facility.	SECTION I: Facility Operation
Long Term Care	Short Term Care	Out Patient Services
Independent Living	Assisted Living	Other (define)
Total Number of Rooms/Units:		
Number of Licensed Beds:		
Annual Occupancy:		
SECT	FION II: INCOME TOTALS F	OR CALENDAR YEAR <u>2022</u>

Туро	e of Patient	Daily Reimbursement Rates	Census (# Patient Days)	Annual Income
	Private			\$
Private Pay	Semi-Private			\$
	Wards			\$
3 7.4	Skilled			\$
VA	Intermediate			\$
НМО	Semi-Private			\$
Medicare	Semi-Private			\$
Medicaid	Semi-Private			\$
	<u> </u>	ŗ	Total Income from Rooms	\$

Income Type:	Amount
Total Income from Rooms/Units (see table above)	\$
Out Patient Services:	\$
Medical Equipment/Supplies:	\$
Food and Beverages:	\$
Telephone, Cable, Wifi	\$
Miscellaneous Rentals	\$
Total Annual Revenue:	\$

SECTION III: COST OF GOODS SOLD FOR CALENDAR YEAR 2022

Cost of Good Sold	Amount
Medical Equipment/Supplies:	\$
Food and Beverage	\$
Other (define)	\$
Total COGS	\$

SECTION IV: EXPENSES FOR CALENDAR YEAR 2022

Expense Type	Amount	Expense Type	Amount
Nursing and Personal Care		Electricity	
Food Service		Water	
Housekeeping and Laundry		Sewer	
Management Fee		Maintenance Wages	
Legal/Accounting		Maintenance Contract Fee	
Security		Supplies	
Payroll		Groundskeeping	
Group Insurance		Trash Removal	
Telephone		Snow Removal	
Advertising		Exterminator	
Commissions		Elevator Maint.	
Repairs Exterior		Insurance (1 Year Premium)	
Repairs Interior		Travel	
Repairs Mechanical		Other (describe)	
Repairs Electrical		Other (describe)	
Repairs Plumbing		Other (describe)	
Gas		Real Estate Taxes	
Oil			

SECTION V: RESERVES FOR CALENDAR YEAR 2022

Items:	Amount
Reserves for Furniture, Fixtures and Equipment	\$
Reserve for Short Lived Real Estate	\$

SECTION VI: SIGNATURE

I certify under the pains and penalties of perjury that the information supplied herewith is true and correct:

Submitted by: (Please print)	
Title:	
Signature of owner or preparer:	
Phone:	
Date:	