

**INCOME AND EXPENSE QUESTIONNAIRE – Belmont, NH**  
**Skilled Nursing Facility**  
**FOR 12 MONTHS ENDING DECEMBER 31, 2023**

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**

Please check best description for your facility.

**SECTION I: Facility Operation**

|   |  |   |
|---|--|---|
| <input type="checkbox"/> Long Term Care     | <input type="checkbox"/> Short Term Care | <input type="checkbox"/> Out Patient Services |
| <input type="checkbox"/> Independent Living | <input type="checkbox"/> Assisted Living | <input type="checkbox"/> Other (define) _____ |

|                              |  |
|------------------------------|--|
| Total Number of Rooms/Units: |  |
| Number of Licensed Beds:     |  |
| Annual Occupancy:            |  |

**SECTION II: INCOME TOTALS FOR CALENDAR YEAR 2023**

| Type of Patient                |              | Daily Reimbursement Rates | Census (# Patient Days) | Annual Income |
|--------------------------------|--------------|---------------------------|-------------------------|---------------|
| Private Pay                    | Private      |                           |                         | \$            |
|                                | Semi-Private |                           |                         | \$            |
|                                | Wards        |                           |                         | \$            |
| VA                             | Skilled      |                           |                         | \$            |
|                                | Intermediate |                           |                         | \$            |
| HMO                            | Semi-Private |                           |                         | \$            |
| Medicare                       | Semi-Private |                           |                         | \$            |
| Medicaid                       | Semi-Private |                           |                         | \$            |
| <b>Total Income from Rooms</b> |              |                           |                         | \$            |

| Income Type:                                    | Amount |
|---|--------|
| Total Income from Rooms/Units (see table above) | \$     |
| Outpatient Services:                            | \$     |
| Medical Equipment/Supplies:                     | \$     |
| Food and Beverages:                             | \$     |
| Telephone, Cable, Wifi                          | \$     |
| Miscellaneous Rentals                           | \$     |
| <b>Total Annual Revenue:</b>                    | \$     |

**SECTION III: COST OF GOODS SOLD FOR CALENDAR YEAR 2023**

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

**SECTION IV: EXPENSES FOR CALENDAR YEAR 2023**

| 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 2023**

| 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: ..... \_\_\_\_\_