

**INCOME AND EXPENSE QUESTIONNAIRE – City/Town: \_\_\_\_\_**

**Skilled Nursing Facility**

**FOR 12 MONTHS ENDING DECEMBER 31, 2020**

**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 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) _____

<b>Total Number of Rooms/Units:</b>	
<b>Number of Licensed Beds:</b>	
<b>Annual Occupancy:</b>	

**SECTION II: INCOME TOTALS FOR CALENDAR YEAR 2020**

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

**SECTION III: COST OF GOODS SOLD FOR CALENDAR YEAR 2020**

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 2020**

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 2020**

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