

**TAX COMMISSION OF THE CITY OF NEW YORK**  
**1 Centre Street, Room 2400, New York, NY 10007**

**TC201**  
**2025/26**

**INCOME AND EXPENSE SCHEDULE FOR RENT-PRODUCING PROPERTY**

ATTACH TO AN APPLICATION. TC201 IS NOT VALID IF FILED SEPARATELY. READ TC201 INSTRUCTIONS BEFORE YOU BEGIN.  
 COMPLETE ALL PARTS OF TC201. ANSWER ALL QUESTIONS MARKED ◆.

**ALL INCOME FROM THE PROPERTY, WHATEVER ITS SOURCE, MUST BE REPORTED IN PARTS 6-9 ON PAGE 2.**

**1. PROPERTY IDENTIFICATION**

BOROUGH (Bronx, Brooklyn, Manhattan, Queens or Staten Island)	BLOCK	LOT	TAX COMM. GROUP NO. <b>115</b>	ASSESSMENT YEAR <b>2025/26</b>
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- a. ◆ If property is a condominium, does this schedule cover all lots listed on Form TC109? \_\_\_\_\_ (Y/N). If yes, skip section b.
- b. ◆ Does this schedule cover more than one tax lot? \_\_\_\_\_ (Y/N). If yes, state total number of lots \_\_\_\_\_, and list block and lot numbers:  
 Block \_\_\_\_\_ Lots \_\_\_\_\_ Block \_\_\_\_\_ Lots \_\_\_\_\_  
 Block \_\_\_\_\_ Lots \_\_\_\_\_ Block \_\_\_\_\_ Lots \_\_\_\_\_  
 Check if applicable:  Additional lots are listed on page \_\_\_\_\_  All lots are contiguous  All lots are operated as a unit
- c. ◆ Does this schedule report occupancy and income for the entire tax lot (or lots)? \_\_\_\_\_ (Y/N). If no, describe portions not covered and reason for omission: \_\_\_\_\_

**2. CURRENT YEAR REPORTING PERIOD AND ACCOUNTING BASIS**  
**ACCOUNTANT'S CERTIFICATION FORM TC309 MAY BE REQUIRED SEE INSTRUCTIONS**

Current year reporting period: From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Accounting basis:  Cash  Accrual  
 Has the accounting basis changed from the prior reporting period? Y  N

**3. RESIDENTIAL OCCUPANCY AS OF JANUARY 5, 2025 - Number of dwelling units, rent by type of occupancy.**

TYPE OF OCCUPANCY	NUMBER OF UNITS	MONTHLY RENT
RENTED, REGULATED		\$
RENTED, UNREGULATED		\$
OWNER OCCUPIED/SUPER'S APT.		\$
VACANT		\$
TOTAL		\$

◆ Does rent reported include all recurring charges, such as parking, subsidies and SCRIE abatements? \_\_\_\_\_.

**4. NONRESIDENTIAL OCCUPANCY AS OF JANUARY 5, 2025 – Approximate gross Sq. Ft.**

FLOOR	APPLICANT OR RELATED SQ. FT.	RENTED SQ. FT. (UNRELATED)	VACANT SQ.FT.	GROSS SQUARE FOOTAGE
FLOOR 3-___	SQ.FT.	SQ.FT.	SQ.FT.	SQ.FT.
2 <sup>ND</sup> FLOOR	SQ.FT.	SQ.FT.	SQ.FT.	SQ.FT.
1 <sup>ST</sup> FLOOR	SQ.FT.	SQ.FT.	SQ.FT.	SQ.FT.
BASEMENT	SQ.FT.	SQ.FT.	SQ.FT.	SQ.FT.
NON-RESIDENTIAL TOTAL SQ. FT.	SQ.FT.	SQ.FT.	SQ.FT.	SQ.FT.

**5. LEASE INFORMATION AS OF JANUARY 5, 2025**

◆ Is the entire tax lot (or lots) or the entire land portion of the tax lot (or lots) subject to an arms-length (i.e., between unrelated parties) lease? \_\_\_\_\_ (Y/N). If YES, complete this Part 5.  Gross Lease  Net Lease  Ground Lease

◆ If the Applicant is the lessee(tenant), does Applicant receive any rental income from the property? \_\_\_\_\_ (Y/N). If YES, Applicant must complete Parts 6 through 10 on page 2. If NO, complete this Part or report lease information on Form TC200.

LESSOR (LANDLORD)	IF NOT OWNER OF RECORD, DESCRIBE RELATION TO PROPERTY
LESSEE (TENANT)	IF NOT APPLICANT, DESCRIBE RELATION TO APPLICANT

Term of lease: from \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ Annual rent \$ \_\_\_\_\_

Start date of annual rent stated: \_\_\_\_\_ / \_\_\_\_\_. End date of annual rent stated \_\_\_\_\_ / \_\_\_\_\_. End date of lease option: \_\_\_\_\_ / \_\_\_\_\_.

- ◆ Does lessor receive any sums in addition to annual rent stated? \_\_\_\_\_ (Y/N). If yes, state additional sums here: \$ \_\_\_\_\_
- ◆ Does lessor pay any of the operating expenses or real estate taxes? \_\_\_\_\_ (Y/N). If yes, specify: \_\_\_\_\_
- ◆ Is the lease a lease of the land portion of the property only? \_\_\_\_\_ (Y/N).

6. INCOME INFORMATION		BOROUGH/BLOCK/LOT	Prior year	Current year
a. Residential: Regulated				a.
Unregulated				
<b>Subtotal residential income</b>				
b. Office				b.
c. Retail (including storefront professional offices, banks, restaurants)				c.
d. Loft				d.
e. Factory				e.
f. Warehouse				f.
g. Storage				g.
h. Garage/parking				h.
<b>SUBTOTAL</b>				
i. Owner-occupied or owner-related space				i.
j. Ancillary Income: 1. Operating escalation				j.
2. Real estate tax escalation				
3. Sale of utility services				
4. Sale of other services				
5. Government rent subsidies				
6. Signage/billboard				
7. Cell towers/ telecommunications equipment				
k. Other (specify) <input type="checkbox"/> Details Attached.				k.
<b>I. TOTAL GROSS INCOME</b>				l.
7. EXPENSE INFORMATION				
a. Fuel				a.
b. Light and power				b.
c. Cleaning contracts				c.
d. Wages and payroll				d.
e. Repairs and maintenance				e.
f. Management and administration				f.
g. Insurance (annual)				g.
h. Water and sewer				h.
i. Advertising				i.
j. Interior painting and decorating				j.
k. Amortized leasing and tenant improvement costs				k.
l. Miscellaneous expenses (from Part 9)				l.
<b>m. EXPENSES BEFORE REAL ESTATE TAXES (add lines a through l)</b>				m.
n. Real estate taxes (before any abatements)				n.
<b>o. TOTAL EXPENSES (add lines m and n)</b>				o.
8. NET PROFIT (OR LOSS)				
a. Net before real estate taxes (subtract Part 7 line m from Part 6 line l)				a.
b. Net after real estate taxes (subtract Part 7 line o from Part 6 line l)				b.
9. ITEMIZATION OF MISCELLANEOUS EXPENSES (do not include mortgage payments or depreciation)				
ITEM	AMOUNT	ITEM	AMOUNT	
10. TENANTS' ELECTRICITY				
◆ Do tenants obtain electricity from the applicant or a related person? ____ (Y/N)				
◆ Is there a separate charge for electricity in addition to the rent? ____ (Y/N)				

**TC201 SECTION (6) LINE (K) ATTACHED DETAILS**

<b>BOROUGH</b>	<b>BLOCK</b>	<b>LOT</b>	<b>ADDRESS</b>		<b>CLIENT ID</b>

**TC201 6. INCOME INFORMATION (ONLY FILL OUT IF OTHER INCOME IS REPORTED IN 6 (k))**

	Description	Prior Year	Current Year
1			
2			
3			
4			
5			
6			
<b>TOTAL</b>			