



Commercial Sales Questionnaire

Purchaser:		Seller:	
Location:		Parcel #:	
Sale Price: \$	Sale Date:	RETR #:	

- How was this property marketed (to the best of your knowledge)? Broker _____ Sign _____ Newspaper _____
Relative _____ Word of Mouth _____ Other _____
- How long was this property on the open market? _____ (months)
- Was the property vacant when sold? Yes _____ No _____ If yes, how long was it vacant? _____ (months)
- How was the sale price arrived at? Asking price _____ Negotiation _____ Net Difference from Trade _____
Appraisal _____ Prior Agreement _____ Court Order _____ Option to Purchase _____ Other _____
- How were the parties related? None _____ Relative _____ Business _____ Employee Group _____
Single Employee _____ Tenant _____ Adjacent Owner _____
- What were the main reasons/motives for buying? _____

- Was either party compelled to buy or sell this property? Yes _____ No _____ If yes, explain _____

- Did you, as buyer, obtain all rights to the property? Yes _____ No _____ If no, explain _____

- What was the use of the property at time of sale? _____
What is the proposed future use? _____
- Was the property improved, damaged, or destroyed (e.g., new structures, additions, remodeling, fire), after your purchase? Yes _____ No _____ Please describe any changes _____
- What, if any, personal property was included in the sale price above? _____
What is the personal property estimated value? _____
How was the value determined? _____
- What, if any, value was assigned to the liquor license, goodwill, a franchise, or lease? \$ _____
- Was payment in cash or financed under normal terms? Yes _____ No _____ If no, explain _____
_____ Was seller financing involved? Yes _____ No _____
- Rent amount if any? \$ _____ Length of lease? _____
- Please describe below any items you feel are relevant to the sale that was not covered above.

Completed by _____ Date _____ Phone Number _____

The information provided will be held
CONFIDENTIAL Per Wisconsin Statute 70.47(7).

Please Return to:
City of Oshkosh Assessor
PO Box 1130
215 Church Avenue
Oshkosh WI 54902-1130
Fax: 920-236-5106
Phone: 920-236-5070

Parcel # _____
Address(es) _____

Please provide a copy of your current IRS Schedule E (or an audited income/expense statement) for this property and fill out the following information. If this is not available, please submit income and expense information provided to you at time of purchase. Your cooperation is appreciated to provide accurate and equitable assessments.

ANNUAL INCOME:

	Gross Rental Income (report as if 100% occupied)	\$ _____
+	Income from all Other Sources (parking, garages, laundry, etc.)	\$ _____
=	Effective Gross Income	\$ _____
less	Vacancy & Collection Loss % _____	\$ _____
=	Gross Operating Income	\$ _____

ANNUAL OPERATING EXPENSES:

	Management Costs (advertising, legal, accounting, etc.)	\$ _____
+	Salaries (including benefits)	\$ _____
+	Utilities: Gas \$ _____ Elec \$ _____ Water \$ _____ Total =	\$ _____
+	Supplies & Materials	\$ _____
+	Repairs	\$ _____
+	Maintenance (janitor, garbage pickup, snow removal, etc.)	\$ _____
+	Insurance	\$ _____
+	Miscellaneous: _____	\$ _____
+	Reserves for Replacements % _____	\$ _____
=	Total Operating Expenses	\$ _____

NET INCOME =

(Gross Operating Income less Total Operating Expenses) \$ _____