



Commercial Sales Questionnaire

Return to: CITY OF OSHKOSH
ASSESSORS
PO BOX 1130
OSHKOSH, WI 54903-1130

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: _____ Phone Number: _____



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

Please Return to:
CITY OF OSHKOSH ASSESSORS
215 CHURCH AVENUE
PO BOX 1130
OSHKOSH WI 54902-1130
Phone: (920) 236-5070
Email: assessor@oshkoshwi.gov

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) \$ _____