



TAX COMMISSION OF THE CITY OF NEW YORK
1 Centre Street, Room 2400, New York, NY 10007
INCOME AND EXPENSE SCHEDULE FOR
DEPARTMENT STORES, THEATERS, AND PARKING SITES

TC214
2019/20

INSTRUCTIONS FOR FORM TC214: Use this form if you are reporting income derived from operation of a department store, public parking garage or lot, or theater. Submission of this form is required for public parking lots and garages, theaters, and retail department stores with more than 10,000 gross square feet of retail floor area. Attach the completed schedule to an *Application for Correction*. Report sales and rental income for the past three calendar or fiscal years. Reporting of expenses other than rent is optional. If there are leased departments or concessions, report the rent received on this form. If there is other rental income, also attach Form TC201.

ALL INCOME FROM THE PROPERTY, WHATEVER ITS SOURCE, MUST BE REPORTED.

1. PROPERTY IDENTIFICATION

BOROUGH (Bronx, Brooklyn, Manhattan, Queens or Staten Island)	BLOCK	LOT	REP. TC GROUP NUMBER	ASSESSMENT YEAR 2019/20
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◆ Does this schedule cover more than one tax lot? _____. 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 single business.

◆ Does this schedule report use, occupancy and income for the entire tax lot (or lots)? _____.
 Describe the entire tax lot (or lots) and indicate which part is covered by this form. List all stores, theaters and parking businesses.

NAME OF STORE, THEATER OR PARKING BUSINESS AND FLOOR NUMBER	CHECK APPLICABLE CHOICES <input type="checkbox"/> See instructions		
	SALES REPORTED ON TC214	RENT REPORTED ON TC214	RENT REPORTED ON TC201
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other uses (apartments, offices, etc.)			<input type="checkbox"/>
TOTAL FOR TAX LOT(S)			
Gross floor area	sq.ft.	sq.ft.	sq.ft.
No. of parking spaces	cars	cars	cars

◆ Is the property part of a shopping center that has multiple tax lots? _____. Does this schedule cover all lots? _____. If no, provide the following information:
 Other lots _____ Major stores _____

2. BUSINESS OPERATION - Describe the business for which sales are reported.

Type of business: _____

 Rates for public parking garages and lots: _____

FLOOR/LEVEL	GROSS FLOOR AREA SQ.FT.	TOTAL SELLING AREA SQ.FT.	THEATER SEATS	RESTAURANT SEATS
TOTALS				

3. LAND OR BUILDING LEASE INFORMATION AS OF JANUARY 5, 2019

Does the applicant or a related person pay rent pursuant to an arms-length (i.e., between unrelated parties) lease of the property? _____. If yes, complete this part.

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? _____. If yes, state percentage rent: _____% of adjusted annual sales over \$ _____.
 - ◆ Does lessor pay any of the real estate taxes? _____. If yes, specify: _____ % of taxes over \$ _____ (year _____) up to maximum of \$ _____.
 - ◆ Does lessor provide utilities or services? _____. If yes, specify _____
 - ◆ Has lessee improved the property? _____. If yes, specify improvements: _____
- Is the lease a lease of the land portion of the property (ground lease) only? _____.

BOROUGH	BLOCK	LOT
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4. INCOME	YEAR 1	YEAR 2	YEAR 3
REPORTING PERIOD - Full years only	Year ending ____/____/____	Year ending ____/____/____	Year ending ____/____/____

GROSS SALES			
Merchandise			
Food and beverage			
Parking			
Automotive fuel			
Admissions			
Other sales			

TOTAL GROSS SALES			
Returns and refunds			
Other adjustments:			

ADJUSTED SALES			
RENTAL INCOME			
Leased departments			
Other rentals			
OTHER INCOME			

TOTAL INCOME			
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5. EXPENSES	YEAR 1	YEAR 2	YEAR 3
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RENTAL EXPENSES			
Fixed or minimum rent			
Percentage rent			
Real estate taxes paid by lessee			
Common area maintenance			
Other rental expense			

TOTAL RENTAL EXPENSES			
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OTHER EXPENSES:			

TOTAL EXPENSES			
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