



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

HIGH VALUE  
 COPY

**TC 203**  
2021/22

**INCOME AND EXPENSE SCHEDULE  
FOR COOPERATIVE AND CONDOMINIUM PROPERTY**

ATTACH TO AN APPLICATION. TC203 IS NOT VALID IF FILED SEPARATELY. READ INSTRUCTIONS BEFORE YOU BEGIN.  
COMPLETE ALL PARTS OF THE FORM. ANSWER YES OR NO TO QUESTIONS MARKED **◆**.  
**ALL INCOME FROM THE PROPERTY, WHATEVER ITS SOURCE, MUST BE REPORTED.**

**1a. PROPERTY IDENTIFICATION - Cooperative property**

BOROUGH (Bronx, Brooklyn, Manhattan, Queens or Staten Island)	BLOCK	LOT	TAX COMM. GROUP NO. <b>5</b>	ASSESSMENT YEAR <b>2021/22</b>
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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 by same corporation.

◆ Does this schedule report occupancy and income for the entire tax lot (or lots)? \_\_\_\_\_ If no, describe portions not covered and reason for omission:  
\_\_\_\_\_

**1b. PROPERTY IDENTIFICATION - Condominium property**

◆ Does this schedule report the condominium association's income and expenses for the entire condominium? \_\_\_\_\_ If no, explain \_\_\_\_\_

If the condominium has lots on other tax blocks, list block numbers \_\_\_\_\_

◆ Does any person own more than six nonresidential units? \_\_\_\_\_ If yes, specify:

Owner	Number of units	Type of occupancy
_____	_____	_____

**2. CURRENT YEAR REPORTING PERIOD AND ACCOUNTING BASIS OF COOPERATIVE OR CONDOMINIUM**

Current year reporting period: From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Accounting basis:  Cash  Accrual

Has the accounting basis changed from the prior reporting period? Y \_\_\_\_\_ N \_\_\_\_\_

**3. COOPERATIVE OR CONDOMINIUM OPERATION**

NUMBER OF APARTMENTS	TOTAL NUMBER OF COOP SHARES	YEAR OF FIRST CLOSING ON SALE OF UNITS TO PERSONS UNRELATED TO THE SPONSOR
_____	_____	_____

◆ Does the coop/condo own units other than a superintendent's apartment? \_\_\_\_\_

If yes, specify the number of residential units: Occupied \_\_\_\_\_ Vacant \_\_\_\_\_, and the number of commercial units: Occupied \_\_\_\_\_ Vacant \_\_\_\_\_.

Report the income from renting these units in part 8. Do NOT include these units as unsold units in part 4.

◆ Does the cooperative or condominium provide residents with electricity? \_\_\_\_\_

◆ Is the property subject to a program of restrictions on the income of residents or resale of units? \_\_\_\_\_

If yes, name of program: \_\_\_\_\_ and scheduled year of expiration of restrictions: \_\_\_\_\_

◆ Are there any unsold units? \_\_\_\_\_ If yes, Part 4 must be completed.

**4. INFORMATION OBTAINED FROM SPONSOR OR OTHER HOLDER OF UNSOLD UNITS**

NUMBER OF OCCUPIED UNSOLD UNITS <b>REGULATED:</b>	NUMBER OF OCCUPIED UNSOLD UNITS <b>UNREGULATED:</b>	NUMBER OF VACANT UNSOLD UNITS	TOTAL NUMBER OF UNSOLD UNITS
MONTHLY RENT UNSOLD UNITS (REGULATED) \$	MONTHLY RENT UNSOLD UNITS (UNREGULATED) \$	TOTAL MONTHLY RENT PAYABLE (INCL. VAC.) \$	NUMBER OF UNSOLD (COOP) SHARES

◆ Does the sponsor retain control of the board? \_\_\_\_\_

SPECIFY SOURCE AND MONTH OF INFORMATION  
\_\_\_\_\_

**5. NONRESIDENTIAL USES AS OF JANUARY 5, 2021**

Complete this section if the cooperative or condominium has nonresidential space, such as professional offices, stores or a garage which is open to nonresidents. For cooperatives describe the entire property. For condominiums describe space in a common element or units owned by the association.

◆ Does the cooperative or condominium have any such nonresidential space? \_\_\_\_\_

For questions answered "yes", you must provide details on the reverse page, as indicated. If yes, answer the following questions, as of January 5, 2021.

Are cooperative shares allocated to professional offices or other nonresidential units? \_\_\_\_\_ If yes, number shares \_\_\_\_\_

Is any of the space leased (other than proprietary leases)? \_\_\_\_\_ If yes, complete Part 8 on reverse.

Is there a master lease for the commercial space? \_\_\_\_\_ If yes, complete Part 8 on reverse.

Is space leased to the sponsor or a related person? \_\_\_\_\_ If yes, complete Part 8 on reverse.

Was any of the commercial space vacant on January 5, 2021? \_\_\_\_\_ If yes, complete Part 11 on reverse.

<b>6. INCOME FROM COOPERATIVE OR CONDOMINIUM OPERATION</b>					BOROUGH/BLOCK/LOT	
Report income from unit owners, rental income, and other non-rental operating income here. For each category, include all escalations and other charges under the terms of any lease. You must itemize rental income in Part 8 according to use, floor, number of tenants, area and type of lease (master lease or sponsor lease, and direct leases between the cooperative or condominium and the occupants). You must itemize non-rental operating income in Part 9.						
					<b>PRIOR YEAR</b>	<b>CURRENT YEAR</b>
<b>INCOME FROM UNIT OWNERS (Maintenance/Common charges)</b>						
<b>TOTAL RENTAL INCOME (Itemize in Part 8 below)</b>						
<b>OTHER NON-RENTAL OPERATING INCOME (Itemize in Part 9 below)</b>						
<b>TOTAL OPERATING INCOME</b>					\$	\$
<b>7. EXPENSES</b>						
Do not include taxes, interest, depreciation, mortgage costs, capital improvements or contributions to reserves. Itemize miscellaneous operating expenses in part 10 below.						
Fuel						
Electricity						
Wages & payroll costs						
Repairs & maintenance						
Management						
Insurance						
Water & sewer						
Leasing commissions						
Miscellaneous operating expenses						
<b>TOTAL OPERATING EXPENSES</b>					\$	\$
Land or building rent (Term of lease _____ to _____)						
Other expenses						
<b>TOTAL EXPENSES</b>					\$	\$
<b>8. ITEMIZATION OF RENTAL INCOME - For the current year.</b>						
USE	FLOOR NUMBERS	NUMBER OF UNITS	GROSS FLOOR AREA (APPROX. SQ.FT.)	MASTER OR SPONSOR LEASE	DIRECT LEASE	TOTAL RENTAL INCOME
Residential						
Retail						
Offices						
Other						
Signage/Billboard						
Cell tower/Tel. equip						
Garage						
Laundry/Storage						
<b>TOTALS</b>				\$	\$	\$
<b>9. ITEMIZATION OF OTHER NON-RENTAL OPERATING INCOME - For the current year.</b>						
ITEM	AMOUNT	ITEM	AMOUNT			
<b>TOTAL NON-RENTAL OPERATING INCOME</b>			\$			
<b>10. ITEMIZATION OF MISCELLANEOUS OPERATING EXPENSES - For the current year.</b>						
ITEM	AMOUNT	ITEM	AMOUNT			
<b>TOTAL MISCELLANEOUS OPERATING EXPENSES</b>			\$			
<b>11. VACANT COMMERCIAL SPACE AS OF JANUARY 5, 2021</b>						
Specify the area and use of vacant commercial space(s):						