



INFORMATION REQUEST FORM

Information request for projected cost segregation study savings.

This form is also available at: www.revenuebanking.com

Name: _____

Organization: _____

Work Phone: _____ Email: _____

Building location: _____
Address City, State

Building cost, excluding land: _____ Date placed in service: _____
(month / year)

Year of study: _____

Federal Depreciation Schedule Attached: Yes _____ No _____

How was the building acquired? Purchased _____ Constructed _____

If purchased, are building plans available? Yes _____ No _____

Subsequent building improvements? Yes _____ No _____

If yes, amount \$ _____ Date placed in service: _____
(month / year)

In addition, please provide the appropriate information for the following:

Number of buildings: _____ Number of floors: _____

Square footage of building(s): _____ Number of Tenants: _____

Acreage of site or number of parking spaces: _____

List of anchor tenants and approximate square footage of each:

