



PROPOSAL INFORMATION REQUEST FORM

FORM rev. 1/2019

123 Terra Bella Blvd., Suite 2D, Covington, LA 70433

www.acrs.co

Corporate Office (985) 590-7082

Bradley Leggett - Direct (985) 630-2194

EMAIL completed form to info@acrs.co

Legal Name of Ownership Entity _____

Business/Building Name or DBA _____

Physical Address _____

City _____ State _____ Zip _____

Property Type:
 NEW Construction (less than 1 year)
 NEW Acquisition (less than 1 year)
 Existing Property (more than 1 year)
 Renovation to Existing Property
 Leasehold Improvements

Building Type:
 multi-use commercial office building
 hotel/motel
 restaurant
 strip mall
 medical/dental office
 warehouse: _____ sf heated/cooled
 industrial/manufacturing: _____ sf heated/cooled

Support Documents to Provide:
 Federal Tax Depreciation Schedule
 Closing/HUD Statement
 AIA Payment Application (Final)
 Detailed Construction Costs

residential rental
residential rental & leased commercial: _____% rental _____% leased
other: _____

Assets to be Included in Study:
 Structure/ Building ONLY
 Fixtures & Furniture
 Machinery & Equipment

Placed in Service Date _____ Purchase Date _____ Original Year of Construction _____

TOTAL Sq Footage _____ # Parking Spaces _____ # Buildings _____ # Floors _____

COST BASIS DETAIL

Building Cost Basis \$ _____ excluding land value
Land Value \$ _____
Land Improvements Costs \$ _____

OR
Purchase Price \$ _____
Land Allocation from Purchase Price \$ _____
for NEW Acquisition ONLY (<1 year /no tax filing)

CURRENT Renovation Cost (not on Dep Sch) \$ _____ excluding FF&E
Completion Date/Anticipated Completion Date _____
YES _____ NO _____
Provide Detail Schedule of Renovations/Improvements _____

First Year for Analysis _____
Is Tax Study Time Sensitive? YES _____ NO _____
Date Due to CPA _____

CONTACT INFO
Contact/Owner Name _____
Contact/Owner Phone _____ Contact/Owner Email _____
On-site/Inspection Contact Name _____
On-site/Inspection Contact Phone _____ On-site/Inspection Contact Email _____

CPA INFO
CPA Firm _____
CPA Name _____ CPA Phone _____
CPA Email _____

REP Name _____ REP # _____

REP Email _____ REP Phone _____