



TOWN OF

Robert O'Donnell Daniel A Smith

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FOXBOROUGH

OFFICE OF THE BOARD OF ASSESSORS Thomas Welch Chief Assessor, MAA

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INCOME AND EXPENSE QUESTIONNAIRE – FOXBOROUGH, MA

GOLF COURSES

FOR 12 MONTHS ENDING JANUARY 1, 2022 CALDENDAR YEAR 2021

**Please Return to:
Town of Foxborough
40 South Street
Foxborough, MA 02035**

NOTE: SIGNATURE IS REQUIRED ON BACK PAGE

SECTION I: GENERAL DATA

Please check YES or NO to describe the Course Type:

| Course Type | Y | N |
|--------------|---|---|
| Public | | |
| Semi-Private | | |
| Private | | |

Please fill in to describe Course Type:

| | |
|----------------------------------|--|
| Course Age: | |
| Course Yardage: | |
| Number of Holes: | |
| Slope: | |
| USGA Rating: | |
| Number of Rounds Played in 2021: | |

Available Amenities-Please check all that apply:

| | |
|-----------------|--------------------------|
| Practice Greens | <input type="checkbox"/> |
|-----------------|--------------------------|

| | |
|-----------------------|--|
| Driving Range | |
| Food/Beverage | |
| Function/Banquet Hall | |
| Pro Shop | |
| Other _____ | |
| Other _____ | |
| | |

SECTION II: ANNUAL INCOME FOR CALENDAR YEAR 2021

Please fill in to determine annual income. If “Other”, please describe:

| | |
|--------------------------------|----|
| Greens Fees/Guest Fees: | \$ |
| Members’ Dues: | \$ |
| Golf Cart Rentals: | \$ |
| Driving Range Charges: | \$ |
| Total Merchandise Sales: | \$ |
| Total Food and Beverage sales: | \$ |
| Other Income: _____ | \$ |
| Other Income: _____ | \$ |
| Total Annual Income: | \$ |

NOTE: IF ANY PART OF THE FACILITY IS SUB-LET (RESTAURANT, PRO SHOP, ETC) PLEASE DESCRIBE AND INCLUDE LEASE TERMS ON A SEPARATE SHEET.

SECTION III: EXPENSES FOR CALENDAR YEAR 2021

If entering “Other”, please describe.

| Expense Type | Amount | Expense Type | Amount |
|------------------------|--------|--------------------------------|--------|
| 1. Management Fee | \$ | 20. Maintenance Contract Fee | \$ |
| 2. Legal/Accounting | \$ | 21. Maintenance Supplies | \$ |
| 3. Security | \$ | 22. Maintenance Groundskeeping | \$ |
| 4. Payroll | \$ | 23. Maintenance Trash Removal | \$ |
| 5. Group Insurance | \$ | 24. Maintenance Snow Removal | \$ |
| 6. Telephone | \$ | 25. Maintenance Exterminator | \$ |
| 7. Advertising | \$ | 26. Maintenance Elevator | \$ |
| 8. Commissions | \$ | 27. Insurance (1 Year Premium) | \$ |
| 9. Repairs Exterior | \$ | 28. Reserves for Replacement | \$ |
| 10. Repairs Interior | \$ | 29. Travel | \$ |
| 11. Repairs Mechanical | \$ | 30. Other _____ | \$ |
| 12. Repairs Electrical | \$ | 31. Other _____ | \$ |

| | | | |
|----------------------------------|----|-------------------------------------|----|
| 13. Repairs Plumbing | \$ | 32. Other _____ | \$ |
| 14. Utilities Gas | \$ | 33. TOTAL (Add 1 through 32) | \$ |
| 15. Utilities Oil | \$ | 34. Real Estate Taxes | \$ |
| 16. Utilities Electricity | \$ | | |
| 17. Utilities Water | \$ | | |
| 18. Utilities Sewer | \$ | | |
| 19. Maintenance Wages | \$ | | |

IF ANY HOLES HAVE BEEN CREATED OR SIGNIFICANTLY CHANGED IN THE PAST 10 YEARS, PLEASE FILL IN THE COST PER HOLE: _____

SECTION V: SIGNATURE

I certify under the pains and penalties of perjury that the information supplied herewith is true and correct:

Submitted by: (Please print) _____

Title: _____

Signature of owner or preparer: ... _____

Phone with Area Code: _____

Date: _____