

COMPLIMENTARY PRELIMINARY ANALYSIS (ESTIMATE)

(If you type in your answers, save to your computer and email to Scott at SJM@costsegregation.com)

Date: _____

1. Property type (office/warehouse, medical office, apartments)? _____
2. Can you provide me with a Tax Depreciation Schedule? _____
3. If Not, Cost of Building (minus land)? \$ _____
4. Month & Year Acquired or Built? _____

FOR PROPERTIES OWNED OVER A YEAR, PLEASE PROVIDE TAX DEPRECIATION SCHEDULE

5. Is this new construction or purchase of an existing building? _____
6. Did you occupy the building before you bought it? _____
7. Did you buy from a related party? _____

Additional information if easily available:

8. Square footage (Especially if office/warehouse, provide sq ft for both)? _____
9. **Do you own** the parking lot? ____ **If yes**, is it paved? ____ # of parking spaces OR sq. ft? _____
10. Are there multiple buildings? ____ **If yes**, how many? _____
11. Apartment complex, please provide; Number of buildings: _____ Number of units: _____

Client Name: _____ Phone: _____ Email: _____

Address of Property: _____

Tax Pro Name: _____ Phone: _____ Email: _____



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Add any additional notes: