



Advocating for Oregon's Economy

Request For Preliminary Estimate - Cost Segregation Study

Contact Information

Company Name _____
 Contact Person _____
 Contact Phone _____ Contact Email _____
 Contact Fax _____

Project Information

Type of Business _____
 Owner's Tax Rates State _____ Federal _____
 Place In Service Date _____ Tax Filing Date _____
 Construction or Acquisition Date _____ Improved Date _____
 Property Address _____

Cost Information

1031 Exchange Basis \$ _____ (if applicable)
 Land \$ _____
 Building \$ _____
 Land Improvement \$ _____ (if separately billed in contract)
 Furniture, Fixture & Equipment \$ _____ (if separately billed in contract)
 Other Improvement \$ _____ (if separately billed in contract)
 Total Project Cost \$ _____ (Total of Items Above)

Building Information

Building SF _____ Number of Occupied Units _____
 Site SF or Acre _____ Number of Vacant Units _____

Required Documents

Depreciation Schedule _____ OR Closing Statement AND Appraisal _____

Other Supporting Documents (Optional)

Rent Roll (showing Tenant Suite, Square footage, Move-in Dates, any previous tenants spaces) _____
 Building Cost Detail (Contractor's Invoices / AIA G702 G703, Contractor Payment Application) _____
 Full Set of Blueprint _____ Or Partial Set of Blueprints _____

Ownership of Tenant Improvements

Is there any existing tenant at the time of building purchase? _____
 Is Tenant Allowance given to the new tenants? _____
 Is Tenant Allowance given to the tenants by prior landlord? _____
 Are there any renovation done after the purchase of the building? _____

RETURN COMPLETED FORM TO DAVID MASTROIENI - FAX NUMBER 503-243-2597

Questions contact David Mastroieni at 503-542-2012 (office) or 503-998-1070 (mobile) ddmconsulting@msn.com