Cost Segregation Feasibility Questionnaire



Please provide the following information for each property you wish to be considered for a Cost Segregation study. When complete, please send this information to your CSSI contact whose information is at the bottom of the page.

Type of Analysis:	Existing Building	New Purchase		struction	
Renovation	Addition	Abandonment	Leasehol	d Improvement	
Client Name	Name Phone g Address:				
Building Address:					
City:		Sta	te:	Zip:	
Name of entity owni	ng building:				
Has a depreciation s	chedule been prepared fo	or the building? 🗌 Yes 🛛	No - If Yes	, please attach a copy.	
Date placed in servic	e for tax purposes:				
Total capitalized cos	t (or estimated cost if not	t completed, excluding lan	d):		
Property Type (retai	l, office, manufacturing, k	oank, hotel, etc.):			
Was the building purchased or constructed? # of stories:					
Building Square Foot	tage	Site acreage/footage_		Addition	
Does building includ	e parking? type/size/# of	spaces:			
Has any of the buildi	ng or land cost been segr	regated into 5-, 7-, or 15-y	ear life classes	? 🗌 Yes 🗌 No	
Federal income tax k	pracket for owner(s)	%			
Interest rate to use i Fixed Variabl	-	llation (mortgage interest	rate or owner	s cost of capital):	
Does the owner plan to sell the building in the next five years? 🗌 Yes 🗌 No - If Yes, when?					
If additional depreciation is generated, will you be able to benefit from it in the current year or the foreseeable future? Yes No					
Was the building acc	quired as part of a 1031 e	xchange? 🗌 Yes 🗌 No			
Does the owner occupy the building? 🗌 Yes 🗌 No					
Tax filing month and	year of application: 🗌 N	March 🗌 April 🗌 Septer	mber 🗌 Octo	ober / 20	