

# 2017 ANNUAL INCOME AND EXPENSE REPORT

Confidential

Property Location: \_\_\_\_\_ Owner of Record: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City, State, Zip : \_\_\_\_\_ Property \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ email: \_\_\_\_\_

**GENERAL INSTRUCTIONS:** This form should be completed using the annual information for calendar year 2017, for all rented or leased commercial, retail, industrial or combination property. Identify the property and address; provide all income derived from this property, all expenses related to this property and any vacant space. The vacant space information should contain the terms you are marketing for this space. Complete Verification of Purchase price information if purchased within the last twenty-four months.

Each summary page should reflect information for a single property for the year of 2017. If you own more than one rental property, a separate report/form must be filed for each property in this jurisdiction. An income and expense report summary page and the appropriate income schedule must be completed for each rental property.

1. Does the Property Owner Occupy the property? \_\_\_yes \_\_\_No    2. Square Footage Occupied by owner \_\_\_\_\_
3. If 100% occupied by owner state name of business \_\_\_\_\_. If rent is not exchange please date sign and return. If rent is exchanged please provide detail.
4. Predominant Use of Buildings/Property: \_\_\_\_\_    5. Number of Units \_\_\_\_\_    6. Average Story Height: \_\_\_\_\_
7. Total Floor Area(Square Footage) of Building(s) by Section: \_\_\_\_\_  
Apartment \_\_\_\_\_ Bank \_\_\_\_\_ Gas/Auto Services \_\_\_\_\_ Laboratory \_\_\_\_\_ Manufacturing \_\_\_\_\_ Office \_\_\_\_\_  
Restaurant \_\_\_\_\_ Retail \_\_\_\_\_ Warehouse \_\_\_\_\_ Other please state use and square footage \_\_\_\_\_
8. Is this Property an **Apartment Building** \_\_\_ **Golf Course** \_\_\_ **Hotel/Motel** \_\_\_ **Marina** \_\_\_ **Skilled Nursing Facility** \_\_\_  
If you answered yes, please complete and return the form appropriate for your facility type.
9. Year Built \_\_\_\_\_    10. Year of last Renovation: \_\_\_\_\_    11. Description of work: \_\_\_\_\_    12. Cost: \_\_\_\_\_
13. Elevator \_\_\_ Yes \_\_\_ No    14. Basement Square Footage \_\_\_\_\_    15. Sq. Ft. of Finished Basement \_\_\_\_\_    16. Sprinklers \_\_\_ Yes \_\_\_ No

**As Required by Section 12-63c (d), of the Connecticut General Statutes, as amended, any owner of rental real property who fails to file this form, files an incomplete or false form with intent to defraud, shall be subject to a penalty assessment equal to a Ten Percent (10%) increase in the assessed value of such property. Any form returned incomplete will not be accepted and be subject to the 10 percent penalty. Any form received after June 1, 2018, will have a 10% penalty applied to the October 1, 2018 Grand List billing cycle.**

I do hereby declare under penalties of false statement that the information provided is according to the best of my knowledge, remembrance and belief, is a complete and true statement of all the income and expenses attributable to the above identified property (section 12-63c (d) of the Connecticut General Statutes).

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Name (print) \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

**RETURN TO ASSESSOR ON OR BEFORE June 1, 2018**

June 1, 2018 is the FILING DEADLINE not a postmark date per CGS.

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Property ID:

## 2017 COMMERCIAL RENT SCHEDULE

NAME OF TENANT	Type of Space	Square Footage Leased to Tenant	Type of Lease	LEASE START DATE & END DATES			* Escalation of Rent						
			Gross NNN etc.	Date of Initial Occupancy	Start Date Mo/Yr	End Date Mo/Yr	*Esc. of Rent Y/N	Total Base Rent	Total Uncollected Rent	CAM Reimbursement	Utility Contribution	Total Rent	

Base Rent should be equal to the amount agreed upon, Please enter the amount Uncollected. Total Rent should be amount agreed upon plus CAM and utility where applicable. Please continue and list any Vacant Space. Attach additional sheets if necessary.

## 2017 VACANT SPACE SCHEDULE

VACANT SPACE Please List Each Unit Separately	Type of Space	Square Footage	Type of Lease	Date Space Became Vacant	Is Space Being Marketed by a Broker Y/N	Can Space be Sub-divided Y/N	Esc. of Rent Y/N	2017 Asking Base Rent	2017 CAM Y/N	Utility Contribution Y/N	Est. Total Rent	Est. Other Annual Rent	Landlord Fit-Up Offer

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**2017 Apartment Rent Schedule. Use this Area only for Mixed Use Properties. Apartment Buildings Must Complete Separate Form.**

Unit Type	No. of Units		Room Count		Unit Size	Monthly Rent		Typical	Features Included in Rent Check all that Apply						
	Total	Rented	Rooms	Baths	Sq. Ft.	Per Unit	Total	Lease Term	Heat	Electric	A/C	Other Utilities	Appliances	Furnished	
Efficiency															
1 Bedroom															
2 Bedroom															
3 Bedroom															
4 Bedroom															
Other Rentable Units (Rooming Houses use this line)															
Owner/ Manager/ Superintendent Occupied															
<b>SubTotal</b>															
Garage/Parking															
Other Income (Specify)															
<b>Totals</b>															

## Verification of Purchase Price

Purchase Price	\$ _____	Down Payment _____	Date of Purchase _____		(Check One)
Date of Last Appraisal	_____	Appraisal Firm _____	Appraised Value _____		Fixed Rate
First Mortgage	\$ _____	Interest Rate _____ %	Payment Schedule Term _____	Years	Variable Rate
Second Mortgage	\$ _____	Interest Rate _____ %	Payment Schedule Term _____	Years	
Other	\$ _____	Interest Rate _____ %	Payment Schedule Term _____	Years	
Chattel Mortgage	\$ _____	Interest Rate _____ %	Payment Schedule Term _____	Years	

Did the purchase price include payment for: Furniture? \_\_\_\_\_ Equipment? \_\_\_\_\_

Has the property been listed for sale since your purchase? Asking Price \_\_\_\_\_ Date Listed \_\_\_\_\_ Broker \_\_\_\_\_

Remarks. Explain special circumstances or reason for your purchase: \_\_\_\_\_

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**Property ID:**

**INCOME:**

**EXPENSES:**

Gross Income of Property \_\_\_\_\_  
(Total Rent collected+ Uncollected rent)

Reimbursement Income \_\_\_\_\_  
(Total of expenses from Pass-Thru. ie. Utilities, CAM, Taxes etc.)

Overage Rent \_\_\_\_\_  
(Any percentage rent paid above base rate)

Other Income \_\_\_\_\_  
(Income from services related to operation of property. ie. Laundry, Vending, Parking, Signs etc.)

  

**Total Potential Gross Income** \_\_\_\_\_

**Loss Due to Vacancy & Collection** \_\_\_\_\_

**Effective Annual Income** \_\_\_\_\_

  

Real Estate Taxes If any included in Above \_\_\_\_\_

Effective Net Income Net of Tax Reimbursements \_\_\_\_\_

Advertising \_\_\_\_\_

Administrative \_\_\_\_\_

Decorating \_\_\_\_\_

Electric \_\_\_\_\_

Elevator Repair/Maintenance \_\_\_\_\_

Exterminating \_\_\_\_\_

Heat \_\_\_\_\_

Insurance (Fire) \_\_\_\_\_

Insurance (all Other) \_\_\_\_\_

Janitorial \_\_\_\_\_

Leasing Commissions \_\_\_\_\_

Management \_\_\_\_\_

Payroll \_\_\_\_\_

Repair and Maint: Building \_\_\_\_\_

Repair and Maint: Grounds \_\_\_\_\_

Roof Repair \_\_\_\_\_

Rubbish Removal \_\_\_\_\_

Security \_\_\_\_\_

Sewer \_\_\_\_\_

Snow Removal \_\_\_\_\_

Supplies (office, Cleaning etc.) \_\_\_\_\_

Water \_\_\_\_\_

Please Use this area for Additional Notes or Explanations:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OTHER EXPENSE ITEMS (Describe)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Expenses** .....refer to the periodic expenditures that are necessary to maintain the real property and continue the production of income. An alphabetic listing of typical expense items is provided to aid you in completing this section. Be sure that the expenses listed apply only to the operation of the real estate. If an expense item is not listed, space is provided under "Other Expenses".

**DO NOT**..... List expenses such as mortgage interest and amortization, depreciation, income or corporate taxes, capital expenditures, and salaries that are not attributable to the operation of the real estate.

**Total Operating Expenses** \_\_\_\_\_

**Net Operating Income** \_\_\_\_\_  
(Effective Annual Income- Total Operating Expenses)