

2020 ANNUAL INCOME AND EXPENSE REPORT

Parcel ID # _____

Confidential

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

GENERAL INSTRUCTIONS: This form should be completed using the annual information for calendar year 2020, 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 2020. 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, 2021, will receive a 10% penalty on the October 1, 2020 Grand List.

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, 2021

June 1, 2021 is the FILING DEADLINE not a postmark date per CGS.

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2020 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														
SubTotal														
Garage/Parking														
Other Income (Specify)														
Totals														

Verification of Purchase Price

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

- 1. Gross Income of Property _____
(Total Rent collected+ Uncollected rent)
- 2. Reimbursement Income _____
(Total of expenses from Pass-Thru. ie. Utilities, CAM, Taxes etc.)
- 3. Overage Rent _____
(Any percentage rent paid above base rate)
- 4. Other Income _____
(Income from services related to operation of property. ie. Laundry, Vending, Parking, Signs etc.)

- 5. Total Potential Gross Income _____
(Total of #1-4)
- 6. Loss Due to Vacancy & Collection _____
- 7. Effective Annual Income _____

- 8. Real Estate Taxes If any included in #2 Above _____
- 9. Effective Net Income Net of Tax Reimbursements _____

Please Use this area for Additional Notes or Explanations:

Expensesrefer 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.

EXPENSES:

- 10. Advertising _____
- 11. Administrative _____
- 12. Decorating _____
- 13. Electric _____
- 14. Elevator Repair/Maintenance _____
- 15. Exterminating _____
- 16. Heat _____
- 17. Insurance (Fire) _____
- 18. Insurance (all Other) _____
- 19. Janitorial _____
- 20. Leasing Commissions _____
- 21. Management _____
- 22. Payroll _____
- 23. Repair and Maint: Building _____
- 24. Repair and Maint: Grounds _____
- 25. Roof Repair _____
- 26. Rubbish Removal _____
- 27. Security _____
- 28. Sewer _____
- 29. Snow Removal _____
- 30. Supplies (office, Cleaning etc.) _____
- 31. Water _____

OTHER EXPENSE ITEMS (Describe)

- 32. _____
- 33. _____
- 34. _____
- 35. _____

Total Operating Expenses

(Total of #10-35)

Net Operating Income

(Total of #7-36)

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