

2020 ANNUAL INCOME AND EXPENSE REPORT

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 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, Boarding House/Group Home?** Yes ___ No ___
If you answered yes, please complete the enclosed facility specific form and return page 1 of this bar coded form.
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 have a 10% penalty applied to the October 1, 2020 Grand List, July 1, 2021 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, 2021

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

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2020 COMMERCIAL RENT SCHEDULE

NAME OF TENANT & BUSINESS	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.

2020 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 Subdivided Y/N	Esc. of Rent Y/N	2020 Asking Base Rent	2020 CAM Y/N	Utility Contribution Y/N	Est. Total Rent	Est. Other Annual Rent	Landlord Fit-Up Offer

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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
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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INCOME:

EXPENSES:

Gross Income from Commercial Rent Schedule _____
(Total Rent collected+ Uncollected rent)

Gross Income from Residential Rent Schedule _____
(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 reimbursed by
Tenant & 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 _____

OTHER EXPENSE ITEMS (Describe) _____

Total Operating Expenses _____

Net Operating Income _____
(Effective Annual Income- Total Operating Expenses)

Real Estate Taxes _____

Depreciation _____

Mortgage Interest _____

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.