2014
ANNUAL INCOME & EXPENSE REPORT

RETURN TO ASSESSOR
505 Silas Deane Hwy
Wethersfield CT 06109
TEL: 860-721-2810
FAX: 860-721-2813

FILING INSTRUCTIONS. The Assessor's Office is preparing for the 2015 revaluation of all real property in Wethersfield. In order to assess your real property equitably, information regarding the property income and expenses is required. Connecticut General Statutes 12-63c requires all owners of rental real property to annually file this report for each of the three years prior to the revaluation as a minimum. **The information filed and furnished with this report will remain confidential and is not open to public inspection.** Any information related to the actual rental and operating expenses shall not be a public record and is not subject to the provisions of Section 1-19 (Freedom of Information) of the Connecticut General Statutes.

Please complete and return the completed form to the Assessor's Office on or before June 1, 2015.

In accordance with Section 12-63c(d), of the Connecticut General Statutes, as amended, any owner of rental real property who fails to file this form or 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.

GENERAL INSTRUCTIONS. Complete this form for all rented or leased commercial, retail, industrial or combination property. Identify the property and address. **Provide Annual information for the calendar year 2014. ESC/CAM/OVERAGE:** (Check if applicable). **ESCALATION:** Amount, in dollars, of adjustment to base rent either pre-set or tied to the inflation index. **CAM:** Income received from common area charges to tenant for common area maintenance, or other income received for the common area property. **OVERAGE:** Additional fee of rental income. This is usually based on a percent of sales or income. **PARKING:** Indicate number of parking spaces and annual rent for each tenant, include spaces or areas leased or rented to a tenant as a concession. **SPACES RENTED TWICE:** Those rented for daylight hours to one tenant and evening hours to another should be reported under each tenant's name. **OPTION PROVISIONS/BASE RENT INCREASE:** Indicate the percentage or increment and time period. **INTERIOR FINISH:** Indicate whether completed by the owner or the tenant and the cost. Complete **VERIFICATION OF PURCHASE PRICE** information.

WHO SHOULD FILE. All individuals and businesses receiving this form should complete and return this form to the Assessor's Office. All properties that are rented or leased, including commercial, retail, industrial and residential properties, except "*such property used for residential purposes, containing not more than six dwelling units and in which the owner resides*" must complete this form. If a non-residential property is partially rented and partially owner-occupied this report must be filed. If you have any questions, please call the Assessor's Office, 860-721-2810.

OWNER OCCUPIED PROPERTIES. ☐ **CHECK HERE** If your property is 100% owner-occupied, please report only the income or expense items associated with occupancy of the building and land. Income and expense relating to your business should not be reported.

HOW TO FILE. Each summary page should reflect information for a single property for the year 2014. 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. Income Schedule A must be filed for apartment rental property and Schedule B must be filed for all other rental properties. A computer printout is acceptable for Schedule A and B, providing all the required information is provided.

RETURN TO THE ASSESSOR ON OR BEFORE JUNE 1, 2015

2014 ANNUAL INCOME AND EXPENSE REPORT SUMMARY

Owner Name _____

Mailing Address _____
(if different from front) _____

City/State/Zip _____

Property Name _____

Owner Occupied _____YES _____NO

1 **Primary Property Use** (Check One) ☐ Apartment ☐ Office ☐ Retail ☐ Mixed Use ☐ Shopping Ctr. ☐ Industrial ☐ Other _____

2 Gross Building Area
(Including Owner-Occupied Space) _____ Sq. Ft.

3 Net Leasable Area _____ Sq. Ft.

4 Owner-Occupied Area _____ Sq. Ft.

5 Number Of Units _____

6 Number of Parking Spaces _____

7 Actual Year Built _____

8 Year Remodeled _____

INCOME

9 Apartment Rentals (From Schedule A) _____

10 Office Rentals (From Schedule B) _____

11 Retail Rentals (From Schedule B) _____

12 Mixed Rentals (From Schedule B) _____

13 Shopping Center Rentals (From Schedule B) _____

14 Industrial Rentals (From Schedule B) _____

15 Other Rentals (From Schedule B) _____

16 Parking Rentals _____

17 Other Property Income _____

18 **TOTAL POTENTIAL INCOME**
(Add Line 9 Through Line 17) _____

19 Loss Due to Vacancy and Credit _____

20 **EFFECTIVE ANNUAL INCOME**
(Line 18 Minus Line 19) _____

EXPENSES

21 Heating/Air Conditioning _____

22 Electricity _____

23 Other Utilities _____

24 Payroll (Except management) _____

25 Supplies _____

26 Management _____

27 Insurance _____

28 Common Area Maintenance _____

29 Leasing Fees / Commissions / Advertising _____

30 Legal and Accounting _____

31 Elevator Maintenance _____

32 Tenant Improvements _____

33 General Repairs _____

34 Other (Specify) _____ _____

35 Other (Specify) _____ _____

36 Other (Specify) _____ _____

37 Security _____

38 **TOTAL EXPENSES** (Add Lines 21 Through 37) _____

39 **NET OPERATING INCOME** (Line 20 Minus Line 38) _____

40 Capital Expenses _____

41 Real Estate Taxes _____

42 Mortgage Payment (Principal and Interest) _____

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SCHEDULE A - 2014 APARTMENT RENT SCHEDULE

Complete this Section for Apartment Rental activity only.

UNIT TYPE	NO. OF UNITS		ROOM COUNT		UNIT SIZE	MONTHLY RENT		TYPICAL
	TOTAL	RENTED	ROOMS	BATHS	SQ. FT.	PER UNIT	TOTAL	LEASE TERM
EFFICIENCY								
1 BEDROOM								
2 BEDROOM								
3 BEDROOM								
4 BEDROOM								
OTHER RENTABLE UNITS								
OWNER/MANAGER/JANITOR OCCUPIED								
SUBTOTAL								
GARAGE/PARKING								
OTHER INCOME (SPECIFY)								
TOTALS								

BUILDING FEATURES INCLUDED IN RENT

(Please Check All That Apply)

- ☐ Heat
- ☐ Electricity
- ☐ Other Utilities
- ☐ Air Conditioning
- ☐ Stove/Refrigerator
- ☐ Dishwasher
- ☐ Garbage Disposal
- ☐ Furnished Unit
- ☐ Security
- ☐ Pool
- ☐ Tennis Courts
- ☐ Parking
- ☐ Other Specify _____

SCHEDULE B - 2014 LESSEE SCHEDULE

*Complete this Section for all other rental activities **except** apartment rental.*

NAME OF TENANT	LOCATION OF SPACE	LEASE TERM			ANNUAL RENT				PARKING		INTERIOR FINISH		
		START	END	SQ.FT	BASE	ESC/CAM OVERAGE	TOTAL	TOTAL PER SQ. FT.	NO. OF SPACES	ANNUAL RENT	OWNER	TENANT	COST
TOTALS													

COPY AND ATTACH IF ADDITIONAL PAGES ARE NEEDED

VERIFICATION OF PURCHASE PRICE

PURCHASE PRICE $ _____ DOWN PAYMENT $ _____ DATE OF PURCHASE _____

DATE OF LAST APPRAISAL _____ APPRAISAL FIRM _____ APPRAISED VALUE _____

						(Check One) FIXED	VARIABLE
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 A PAYMENT FOR: FURNITURE? $ _____ (Value) EQUIPMENT? $ _____ (Value) OTHER (Specify) $ _____ (Value)

HAS THE PROPERTY BEEN LISTED FOR SALE SINCE YOUR PURCHASE? (Check One) YES ☐ NO ☐

IF YES, LIST THE ASKING PRICE $ _____ DATE LISTED _____ BROKER _____

Remarks - Please explain any special circumstances or reasons concerning your purchase (I.e., vacancy, conditions of sale, etc.) _____

AFFIDAVIT

I DO HEREBY DECLARE UNDER PENALTIES OF FALSE STATEMENT THAT THE FOREGOING INFORMATION, 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 _____ NAME (Print) _____ DATE _____

TITLE _____ TELEPHONE _____

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