2020

ANNUAL INCOME AND EXPENSE

RETURN TO:

OFFICE OF THE ASSESSOR
15 Gilead Street
Hebron, CT 06248

Telephone: 860-228-5971 ext. 147
Fax: 860-228-4859

FILING INSTRUCTIONS - The Assessor's Office is preparing for the revaluation of all real property located in HEBRON. In order to fairly assess your real property, 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. **The information filed and furnished with this report will remain confidential in accordance with §12-63c(b), which provides that actual rental and operating expenses shall not be a public record and is not subject to the provisions of Section §1-210 (Freedom of Information).**

Please complete and return the completed form to the Hebron Assessor's Office by on or before June 1st, 2021. 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 2020. TYPE/USE OF LEASED SPACE:** Indicate use the leased space is being utilized for (i.e., office, retail, warehouse, restaurant, garage, etc.). **ESC/CAM/OVERAGE:** (Circle 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 from the common area property. **OVERAGE:** Additional fee or rental income. This is usually based on a percent of sales or income. **PROPERTY EXPENSES & UTILITIES PAID BY TENANT:** Indicate the property expenses & utilities the tenant is responsible for. Abbreviations may be used (i.e., "RE" for real estate taxes & "E" for electricity). **VERIFICATION OF PURCHASE PRICE** must be completed if the property was acquired on or after June 1, 2020 or not included in last year filing.

WHO SHOULD FILE - All individuals and businesses receiving this form should complete and return this form to the Assessor's Office. If you believe that you are not required to fill out this form, please call the number listed above to discuss your special situation. All properties which 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 property is partially rented and partially owner-occupied this report must be filed.

IF YOUR PROPERTY IS 100% OWNER-OCCUPIED, OR 100% LEASED TO A RELATED CORPORATION, BUSINESS, FAMILY MEMBER OR OTHER RELATED ENTITY, PLEASE INDICATE BY CHECKING THE FOLLOWING BOX ☐

HOW TO FILE - 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. Income Schedule A must be filed for apartment rental property and Schedule B must be filed for all other rental properties. All property owners must sign & return this form to the Hebron Assessor's Office on or before June 1, 2021 to avoid the Ten Percent (10%) penalty.

A COMPUTER PRINT - OUT IS ACCEPTABLE AS LONG AS ALL THE REQUIRED INFORMATION IS PROVIDED.

RETURN TO THE ASSESSOR ON OR BEFORE JUNE 1, 2021

2020 ANNUAL INCOME AND EXPENSE REPORT SUMMARY

Owner Name _____

Mailing Address _____
(if different from front)

City/State/Zip _____

Property Name _____

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) _____

RETURN TO THE ASSESSOR ON OR BEFORE JUNE 1, 2021

SCHEDULE A - 2020 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 - 2020 LESSEE SCHEDULE

Complete this Section for all other rental activities <u>except</u> 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

Report puchases on or after June 1, 2020

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.) _____

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 _____

RETURN TO THE ASSESSOR ON OR BEFORE JUNE 1, 2021