



2018 Annual Income and Expense Report

For questions concerning this report:

Phone: (203) 794-8507

Elizabeth Hirt, CCMA II
Town Assessor

NOTICE: In order to equitably assess your real property, income and expense information is required. Connecticut General Statutes 12-63(c) requires all owners of rental real property to annually file this report. THE INFORMATION FILED AND FURNISHED WITH THIS REPORT WILL REMAIN CONFIDENTIAL, AND IT IS NOT OPEN FOR PUBLIC INSPECTION.

FILING INSTRUCTIONS: PLEASE COMPLETE AND RETURN THIS REPORT TO THE ASSESSOR'S OFFICE ON OR BEFORE JUNE 3, 2019. FAILURE TO FILE THIS FORM ALONG WITH THE REQUIRED IRS DOCUMENTS IN A TIMELY MANNER WILL RESULT IN A PENALTY OF TEN PERCENT (10%) INCREASE IN YOUR ASSESSMENT.

IN ACCORDANCE WITH SECTION 12-63(c)(d) OF THE CONNECTICUT STATUTES, ANY OWNER OF RENTAL PROPERTY WHO FAILS TO FILE THIS FORM OR FILES AN INCOMPLETE OR FALSE FORM WITH THE INTENT TO DEFRAUD, SHALL BE SUBJECT TO A PENALTY ASSESSMENT EQUAL TO A TEN (10%) PERCENT INCREASE IN THE ASSESSED VALUE OF SUCH PROPERTY.

WHO MUST FILE: All individuals and businesses receiving this form must complete and return this form to the Assessor's office on or before June 3, 2019. Owners of all properties, which are rented or leased, including commercial, retail, industrial and residential property must complete this form.

OWNER-OCCUPIED PROPERTIES - IF YOUR PROPERTY IS 100% OWNER-OCCUPIED WITH NO REAL ESTATE RELATED INCOME, PLEASE INDICATE BY CHECKING THE FOLLOWING BOX [] INCOME AND EXPENSE RELATING TO YOUR BUSINESS ENTERPRISE SHOULD NOT BE INCLUDED IN THIS FORM.

HOW TO FILE: Each summary page should reflect information for a single property for the calendar year indicated on the form. If you own more than one rental property, a separate report must be filed for each property.

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.

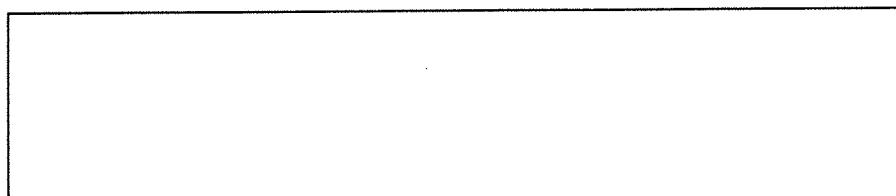
A computer print-out is acceptable for Schedules A and B, provided that all the required information is included.

Mail or Hand Deliver Report to: ASSESSOR'S OFFICE
1 SCHOOL STREET, BETHEL, CT 06801

Return to the Assessor's Office prior to June 3, 2019

PLEASE NOTE:

- DO NOT RETURN THE ENTIRE INCOME TAX RETURN. COPY & RETURN THE SPECIFIC FORMS LISTED ABOVE.
- PACKETS RETURNED WITHOUT THE SPECIFIED TAX FORMS WILL BE CONSIDERED INCOMPLETE AND SUBJECT TO PENALTY.
- IF AN EXTENSION WITH THE IRS HAS BEEN FILED INCLUDE A COPY OF THAT FORM WITH YOUR RETURNED I&E PACKET.
- POSTAGE STAMPS DATED 6/3 OR AFTER WILL BE SUBJECT TO PENALTY.



SCHEDULE A - APARTMENT RENT SCHEDULE

Complete this Section for Apartment Rental activity only.

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

BUILDING FEATURES INCLUDED IN RENT

(Please Check All That Apply)

<input type="checkbox"/>	Heat	<input type="checkbox"/>	Garbage Disposal
<input type="checkbox"/>	Electricity	<input type="checkbox"/>	Furnished Unit
<input type="checkbox"/>	Other Utilities	<input type="checkbox"/>	Security
<input type="checkbox"/>	Air Conditioning	<input type="checkbox"/>	Pool
<input type="checkbox"/>	Stove/Refrigerator	<input type="checkbox"/>	Tennis Courts
<input type="checkbox"/>	Dishwasher		
<input type="checkbox"/>	Other Specify _____		

SCHEDULE B - LESSEE SCHEDULE

Complete this Section for all other rental activities except apartment rental. Including, but not limited to: Office Buildings, Retail Services, Shopping Centers, Mixed Use Properties, Industrial and Warehouse Properties.

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					
TOTAL																		

COPY AND ATTACH IF ADDITIONAL PAGES ARE NEEDED

2018 ANNUAL INCOME AND EXPENSE REPORT SUMMARY

Owner Name _____
 Mailing Address _____
 (if different from front) _____
 City/State/Zip _____

Property Name _____
 Location _____
 Map/ Block/ Lot _____

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

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

3 Net Leasable Area _____
 Sq. Ft.

4 Owner-Occupied Area _____
 Sq. Ft.

5 Number of Units _____
 Sq. Ft.

6 Number of Parking Spaces _____
 7 Actual Year Built _____
 8 Year Remodeled _____

PLEASE LIST BELOW

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) _____

LANDLORD PORTION PAID

TENANT PORTION

NOTE: FOR COMPLETE AND FAIR ASSESSMENT - THIS FORM MUST BE USED - DO NOT SUBSTITUTE WITH OTHER

RETURN TO THE ASSESSOR ON OR BEFORE JUNE 3, 2019

VERIFICATION OF PURCHASE PRICE

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

(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 \$ _____ EQUIPMENT? \$ _____ (Declared Value)
 (Declared Value)

WAS AN APPRAISAL USED IN THE PURCHASE OR FINANCING? (Check one) Yes No NAME OF APPRAISER _____

HAS THE PROPERTY BEEN LISTED FOR SALE SINCE YOUR PURCHASE? (Check one) Yes No APPRAISED VALUE _____

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.

SIGNATURE: _____ NAME (Print): _____ DATE: _____

TITLE: _____ TELEPHONE: _____ EMAIL: _____

RETURN TO THE ASSESSOR ON OR BEFORE JUNE 3, 2019