



2023  
**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.** Any information related to the actual rental and operating expenses is considered privileged and **shall not** be public record; such information is legally exempt from Freedom of Information Act and is **not** subject to the provisions of *Section 1-210* (Freedom of Information) of the *Connecticut General Statutes*.

**FILING INSTRUCTIONS:** PLEASE COMPLETE AND RETURN THIS REPORT TO THE ASSESSOR'S OFFICE ON OR BEFORE **JUNE 3, 2024**. **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.** You **MUST ATTACH** to the completed form, a copy of your **2023 Federal Income Tax Returns, Schedule E (Form 1040)**, Supplemental Income and Expenses and/or **Form 8825**, Rental Real Estate Income and Expenses of a Partnership, an S Corporation or Limited Liability Company (LLC) with the **Form K-1** attached. You need not provide other tax schedules not related to the rental activity. If filing an extension with the IRS, **attach the extension request form**. Upon filing your return send in one of the above attachments to the Assessor's Office.

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. **IF YOU FILE "SAME AS LAST YEAR" THERE WILL BE A 10% PENALTY.**

**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, 2024**. Owners of all properties, which are rented or leased, including commercial, retail, industrial and residential property must complete this form, except owners of residential properties of four units or less in which the owner of such property also resides. If a non-residential property is partially rented and partially owner-occupied this report must be filed.

**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 on or before Monday, June 3, 2024**

**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 THE EXTENSION FORM WITH YOUR RETURNED I&E PACKET.**
- **POSTAGE STAMPS DATED 6/3 OR AFTER ARE LATE AND WILL BE SUBJECT TO A 10% 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								
<b>SUBTOTAL</b>								
GARAGE/PARKING								
OTHER INCOME (SPECIFY)								
<b>TOTAL</b>								

BUILDING FEATURES INCLUDED IN RENT

(Please Check All That Apply)

- Heat
- Electricity
- Other Utilities
- Air Conditioning
- Stove/Refrigerator
- Dishwasher
- Other Specify \_\_\_\_\_

- Garbage Disposal
- Furnished Unit
- Security
- Pool
- Tennis Courts

**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		COST	
		START	END	SQ. FT.	BASE	ESC/CAM OVERAGE	TOTAL	TOTAL PER SQ. FT.	NO. OF SPACES	ANNUAL RENT		OWNER
<b>TOTAL</b>												

COPY & ATTACH IF ADDITIONAL PAGES ARE NEEDED, FILL OUT SCHEDULE A & B COMPLETELY

# 2023 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 \_\_\_\_\_

4 Owner-Occupied Area \_\_\_\_\_

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) \_\_\_\_\_

## 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 MONDAY, JUNE 3, 2024



# 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 MONDAY, JUNE 3, 2024**