



2024
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 2, 2025. 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 2, 2025. 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.

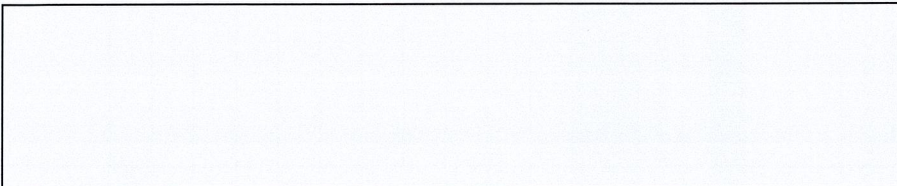
A computer print-out is acceptable for Schedules A and B, provided that all the required information is included.

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

Return to the Assessor's Office on or before Monday, June 2, 2025

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 6/1 OR AFTER ARE LATE AND WILL BE SUBJECT TO A 10% PENALTY.



2024 ANNUAL INCOME AND EXPENSE REPORT SUMMARY

Owner Name _____

Mailing Address _____

(if different from front) _____

City/State/Zip _____

Property Name _____

Location _____

Map/ Block/ Lot _____

1 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 _____

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 MONDAY, JUNE 2, 2025

VERIFICATION OF PURCHASE PRICE

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

	INTEREST RATE	%	PAYMENT SCHEDULE TERM	YEARS	(Check One)
FIRST MORTGAGE	\$ _____	_____	_____	_____	FIXED
SECOND MORTGAGE	\$ _____	_____	_____	_____	VARIABLE
OTHER	\$ _____	_____	_____	_____	
CHattel MORTGAGE	\$ _____	_____	_____	_____	

DID THE PURCHASE PRICE INCLUDE A PAYMENT FOR: FURNITURE \$ _____ EQUIPMENT? \$ _____ (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 2, 2025