

2015

ANNUAL INCOME AND EXPENSE REPORT

RETURN TO:
CITY OF MERIDEN
ASSESSOR'S OFFICE
142 EAST MAIN ST RM 122
MERIDEN CT 06450

TEL: (203) 630-4065
FAX: (203) 630-4068

FILING INSTRUCTIONS. The Assessor's Office is preparing for a revaluation of all real property. In order to assess your real property equitably, information regarding the property income and expenses is required. Connecticut General Statute 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 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, 2016.

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.** In accordance with CGS, Sec 12-63b, as amended, upon determination that there is good cause, the assessor may grant an extension of not more than thirty days to file such information, if the owner of such property files a request for an extension with the assessor not later than May first.

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 2015.** **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.

OWNER OCCUPIED PROPERTIES. 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 2015. 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, 2016

2015 ANNUAL INCOME AND EXPENSE REPORT SUMMARY

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

1 Primary Property Use (Check One)

Apartment
 Office
 Retail
 Mixed Use
 Shopping Ctr.
 Industrial
 Other _____

2 Gross Building Area _____ Sq. Ft. 6 Number of Parking Spaces _____
 (Including Owner-Occupied Space)
 3 Net Leasable Area _____ Sq. Ft. 7 Actual Year Built _____
 4 Owner-Occupied Area _____ Sq. Ft. 8 Year Remodeled _____
 5 Number Of Units _____

INCOME

EXPENSES

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)

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, 2016

SCHEDULE A - 2015 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)

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

SCHEDULE B - 2015 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.) _____

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, 2016