



# MANSFIELD 2019 ANNUAL INCOME AND EXPENSE REPORT

## RETURN TO:

ASSESSOR  
Town of Mansfield  
4 South Eagleville Road  
Mansfield, CT 06268

TEL • (860) 429-3311  
FAX • (860) 429-7785

**FILING INSTRUCTIONS.** 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 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 Mansfield Assessor's Office on or before August 15, 2020. (The June 1, 2020 due date has been **extended** per: "STATE OF CONNECTICUT BY HIS EXCELLENCY NED LAMONT EXECUTIVE ORDER NO. 7S PROTECTION OF PUBLIC HEALTH AND SAFETY DURING COVID-19 PANDEMIC AND RESPONSE - SAFE STORES, RELIEF FOR POLICYHOLDERS, TAXPAYERS, AND TENANTS...**10. Extension of Deadline to File Income and Expense Statement. The taxpayer filing deadline set forth under Section 12-63c of the Connecticut General Statutes is extended to August 15, 2020.**")

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 2018.** **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. **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 ownership of owner or 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 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 non-residential property is partially rented and partially owner-occupied this report must be filed. If you have any questions, please call (860) 429-3311.

**OWNER-OCCUPIED PROPERTIES.** If your property is 100% owner-occupied, please report only the income and expense items associated with occupancy of the building and land. Income and expense relating to your business should not be included.

**HOW TO FILE.** Each summary page should reflect information for a single property for the year of 2019. 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 Schedules A and B, providing all the required information is provided.

**RETURN TO THE ASSESSOR ON OR BEFORE AUGUST 15, 2020**



# SCHEDULE A - 2019 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								
<b>SUBTOTAL</b>								
GARAGE/PARKING								
OTHER INCOME (SPECIFY)								
<b>TOTALS</b>								

### BUILDING FEATURES INCLUDED IN RENT

(Please Check All That Apply)

- Heat
- Electricity
- Other Utilities
- Air Conditioning
- Tennis Courts
- Stove/Refrigerator
- Garbage Disposal
- Furnished Unit
- Security
- Pool
- Dishwasher
- Other Specify \_\_\_\_\_

# SCHEDULE B - 2019 LESSEE RENT 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 RENT	BASE YR OF LEASE	UTILITY CONTRIBUTION	ESC/CAM/OVERAGE	TOTAL RENT	TOTAL PER SQ FT	NO SPACES	ANNUAL RENT	OWN	TEN.	COST
<b>TOTAL</b>															

Copy and Attach If Additional Pages are Needed

# 2019 ANNUAL INCOME AND EXPENSE REPORT SUMMARY

Owner \_\_\_\_\_

Mailing Address \_\_\_\_\_

City / State/ Zip STORRS CT 06268

Property Address \_\_\_\_\_

Parcel Id \_\_\_\_\_

- |   |              |           |               |                             |                    |               |                |
|---|--------------|-----------|---------------|-----------------------------|--------------------|---------------|----------------|
| 1. Primary Property Use (Circle One)                    | A. Apartment | B. Office | C. Retail     | D. Mixed Use                | E. Shopping Center | F. Industrial | G. Other _____ |
| 2. Gross Building Area (Including Owner-Occupied Space) | _____        | _____     | _____ Sq. Ft. | 6. Number of Parking Spaces | _____              | _____         | _____          |
| 3. Net Leasable Area                                    | _____        | _____     | _____ Sq. Ft. | 7. Actual Year Built        | _____              | _____         | _____          |
| 4. Owner-Occupied Area                                  | _____        | _____     | _____ Sq. Ft. | 8. Year Remodeled           | _____              | _____         | _____          |
| 5. No. of Units   | _____        | _____     | _____         |                             |                    |               |                |

## INCOME - 2019

- 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. Reimbursement Income \_\_\_\_\_
- 19. Utility Contributions \_\_\_\_\_
- 20. **TOTAL POTENTIAL INCOME** \_\_\_\_\_
- 21. Loss Due to Vacancy and Credit \_\_\_\_\_
- 22. **EFFECTIVE ANNUAL INCOME** (Line 20 minus Line 21) \_\_\_\_\_
- 23. Portion of Line 18 from Real estate taxes (if any) \_\_\_\_\_
- 24. Effective Income Net of Tax reimbursements \_\_\_\_\_  
(Line 22 minus Line 23)

## EXPENSES - 2019

- 25. Heating/Air Conditioning \_\_\_\_\_
- 26. Electricity \_\_\_\_\_
- 27. Other Utilities \_\_\_\_\_
- 28. Payroll (Except management, repair & decorating) \_\_\_\_\_
- 29. Supplies \_\_\_\_\_
- 30. Management \_\_\_\_\_
- 31. Insurance \_\_\_\_\_
- 32. Common Area Maintenance \_\_\_\_\_
- 33. Leasing Fees/Commissions/Advertising \_\_\_\_\_
- 34. Legal and Accounting \_\_\_\_\_
- 35. Elevator Maintenance \_\_\_\_\_
- 36. General Repairs \_\_\_\_\_
- 37. Other (Specify) \_\_\_\_\_
- 38. Other (Specify) \_\_\_\_\_
- 39. Other (Specify) \_\_\_\_\_
- 40. Other (Specify) \_\_\_\_\_
- 41. Security \_\_\_\_\_
- 42. **TOTAL EXPENSES** (Add Lines 25 Through 41) \_\_\_\_\_
- 43. **NET OPERATING INCOME** (Line 22 Minus Line 42) \_\_\_\_\_
- 44. Capital Expenses \_\_\_\_\_
- 45. Real Estate Taxes \_\_\_\_\_
- 46. Mortgage Payment (Principle and Interest) \_\_\_\_\_

**RETURN TO THE ASSESSOR ON OR BEFORE AUGUST 15, 2020**

# VERIFICATION OF PURCHASE PRICE

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

Date of Last Appraisal \_\_\_\_\_ Appraisal Firm \_\_\_\_\_ Appraised Value \_\_\_\_\_

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

(Check One)	
Fixed	Variable

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? (CIRCLE 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 \_\_\_\_\_

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