## TOWN OF MONROE



#### 2022 INCOME & EXPENSE REPORT

#### PLEASE RETURN TO:

TOWN OF MONROE ASSESSOR'S OFFICE, RM 202 7 FAN HILL RD MONROE, CT 06468

TEL. 203.452.2803 assessor@monroect.gov

# PROPERTY LOCATION: PARCEL ID:

**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 <u>not</u> open to public inspection. Any information related to the actual rental and operating expenses shall <u>not</u> 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, 2023.

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 2022. 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 <u>not</u> be reported.

**HOW TO FILE.** Each summary page should reflect information for a single property for the calendar year 2022. 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.

### 2022 ANNUAL INCOME AND EXPENSE REPORT SUMMARY

Owner Name	Property	Property Location								
Mailing Address	·	Property Name								
(if different from front)	Property									
City/State/Zip										
1 Primary Property Use (Check One)	Office	Mixed Use	Shopping Ctr.	Industrial	Other					
2 Gross Building Area										
(Including Owner-Occupied Space)	Sq. Ft.		6 Number of Pa	rking Spaces						
3 Net Leasable Area	Sq. Ft.		7 Actual Year B	uilt						
4 Owner-Occupied Area	Sq. Ft.		8 Year Remode	led						
5 Number Of Units										
INCOME		EX	(PENSES							
9 Apartment Rentals (From Schedule A)		21 Heating/Air	Conditioning							
10 Office Rentals (From Schedule B)		22 Electricity								
11 Retail Rentals (From Schedule B)		23 Other Utilitie	es							
12 Mixed Rentals (From Schedule B)		24 Payroll (Exc	cept management)							
13 Shopping Center Rentals (From Schedule B)		25 Supplies								
14 Industrial Rentals (From Schedule B)		26 Manageme	ent							
15 Other Rentals (From Schedule B)		27 Insurance								
16 Parking Rentals		28 Common A	rea Maintenance							
17 Other Property Income		29 Leasing Fe	es / Commissions / A	Advertising						
18 TOTAL POTENTIAL INCOME		30 Legal and A	Accounting							
(Add Line 9 Through Line 17)		31 Elevator Ma	aintenance							
19 Loss Due to Vacancy and Credit		32 Tenant Imp	rovements							
20 EFFECTIVE ANNUAL INCOME		33 General Re	pairs							
(Line 18 Minus Line 19)		34 Other (Spe	cify)							
		35 Other (Spec	cify)							
		36 Other (Spec	cify)							
		37 Security								
		38 TOTAL EX	PENSES (Add Lines	21 Through 37)						
		39 <b>NET OPER</b>	ATING INCOME (Lir	ne 20 Minus Line	38)					
		40 Capital Exp	enses							
		41 Real Estate	e Taxes							
		42 Mortgage P	Payment (Principal ar	nd Interest)						

RETURN TO THE ASSESSOR ON OR BEFORE JUNE 1, 2023 TO AVOID 10% PENALTY

#### SCHEDULE A - 2022 APARTMENT RENT SCHEDULE

#### Complete this Section for Apartment Rental activity only.

UNIT TYPE	NO. OF UNITS		ROOM COUNT		UNIT SIZE	MONTHL	Y RENT	TYPICAL	BUILDING FEAT	RES INCLUDED IN	
ONIT TITE	TOTAL	RENTED	ROOMS	BATHS	SQ. FT.	PER UNIT	TOTAL	LEASE TERM	ļ l	RENT	
EFFICIENCY											
									(Please Check	k All That Apply)	
1 BEDROOM									Heat	Furnished Unit	
2 BEDROOM									Electricity	Security	
a perpoon											
3 BEDROOM									Other Utilities	Pool	
4 BEDROOM									Air Conditioning	Tennis Courts	
OTHER RENTABLE UNITS											
									Stove/Refrigerator	Parking	
OWNER/MANAGER/JANITOR OCCUPIED									Dishwasher		
SUBTOTAL									Garbage Disposal		
GARAGE/PARKING											
OTHER INCOME (SPECIFY)											
· ,									Other Specify		
TOTALS											

#### **SCHEDULE B - 2022 LESSEE SCHEDULE**

#### Complete this Section for all other rental activities <u>except</u> apartment rental.

NAME OF TENANT	LOCATION OF SPACE	L	EASE TER	M	ANNUAL RENT			PARKING		INTERIOR FINISH			
		START	END	SQ.FT	BASE	ESC/CAM	TOTAL	TOTAL PER	NO. OF	ANNUAL	OWNER	TENANT	COST
						OVERAGE		SQ. FT.	SPACES	RENT			
TOTALS													

# **VERIFICATION OF PURCHASE PRICE**

PURCHASE PRICE	\$	_ DOWN PAYMENT	\$	DATE OF PURCHASE					
DATE OF LAST APPRAISAL		APPRAISAL FIRM		APPRAIS	ED 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 INCLUI	DE 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	e., vacancy, cond	litions of sale, etc.)					
BEST OF MY KNOWLEDGE	E, REMEMBRANCE	OF FALSE STATEMENT THAT THE AND BELIEF, IS A COMPLETE AND DENTIFIED PROPERTY (Section 12-	TRUE STATEM	MENT OF ALL THE INCOM	IE AND				
SIGNATURE		NAME (P	rint)	DA	ATE				
TITLE		TELEPHO	DNE	EN	/AIL				