

2024 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

(Including Owner-Occupied Space)

3 Net Leasable Area

4 Owner-Occupied Area

5 Number Of Units

Sq. Ft.

Sq. Ft.

Sq. Ft.

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)

RETURN TO THE ASSESSOR BY MAY 31 OR POSTMARKED BY JUNE 1 TO AVOID 10% PENALTY

SCHEDULE A - 2024 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)

- ☐ Heat
- ☐ Electricity
- ☐ Other Utilities
- ☐ Air Conditioning
- ☐ Stove/Refrigerator
- ☐ Dishwasher
- ☐ Garbage Disposal
- ☐ Furnished Unit
- ☐ Security
- ☐ Pool
- ☐ Tennis Courts
- ☐ Parking

☐ Other Specify

SCHEDULE B - 2024 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	_____	EMAIL	_____

RETURN TO THE ASSESSOR BY MAY 30 OR POSTMARKED BY JUNE 1, 2025 TO AVOID 10% PENALTY