

Town of Plainville
2015 Annual Income and Expense Report

FILING INSTRUCTIONS – The Assessor’s Office is continuing the revaluation process of all property located in Plainville. In order to assess your real property fairly, information regarding property income and expenses is required. Connecticut General Statute 12-63c requires all owners of rental property to file this report annually. **The information you file and furnish with this report will remain confidential in accordance with 12-63c(b), which provides that actual rental and operating expenses shall not be a public record and is not subject to the provisions of 1-210 (Freedom of Information Act).**

Please complete and return completed form to the Plainville Assessor’s Office on or before June 1, 2016. In accordance with 12-63c(d), any owner of real property used primarily for the purposes of producing rental income 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 property’s assessed value. **NO PENALTY WAIVERS CAN BE GRANTED BY THE ASSESSOR OR THE BOARD OF ASSESSMENT APPEALS** for those not in compliance with these requirements.

GENERAL INSTRUCTIONS – Complete this form for all rented or leased commercial, retail, industrial or combination property. **Provide annual information for the Calendar Year 2015.**

WHO SHOULD FILE – All individuals and businesses receiving this form should complete and return it to the Assessor’s Office. This form must be completed for all properties that are rented or leased, including commercial, retail, industrial and residential properties, except “such property used for residential purposes, containing four dwelling units and in which the owner resides”. If a property is partially rented and partially owner-occupied this report must be filed.

****If your property is 100% owner-occupied or leased in its entirety to a family member or members, or to a corporation, business or other entity operated by the owner or owner’s family members, please indicate by checking the appropriate box and provide the requested information.**

If you believe that you are not required to file this form, please call the Assessor’s Office at (860)793-0221 to discuss your special situation.

HOW TO FILE – Each summary page should reflect information for a single property for the year 2015. If you own more than one 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 filed for all other rental properties. A computer printout is acceptable for Schedules A and B, as long as all the required information is provided.

All property owners must sign and return this form to the Assessor’s Office on or before June 1, 2016 to avoid a ten (10%) assessment penalty.

2015 ANNUAL INCOME AND EXPENSE REPORT SUMMARY

Owner:	Property Name:
Mailing Address:	Property Address:
City/State/Zip:	Map/Block/Lot:

1. Primary Property A. Apartment B. Office C. Rental D. Mixed Use E. Shopping Center
 F. Industrial G. Other Use (Please circle one)

- | | |
|--|--------------------------------|
| 2. Gross Building Area (include owner-occupied space): | 6. No. of Parking Spaces _____ |
| 3. Net Leasable Area _____ sq. ft. | 7. Actual Year Build _____ |
| 4. Owner-Occupied Area _____ sq. ft. | 8. Year Remodeled _____ |
| 5. No. of Units _____ sq. ft. | |

If your property is 100% owner-occupied, or leased in its entirety to a family member or members, or to a corporation, business or other entity operated by the owner or owner's family members, please indicate by checking the following box . You **MUST** provide the information requested below.

INCOME – 2015

EXPENSES – 2015

9. Apartment Rentals _____ (From Schedule A)	23. Other Utilities _____
10. Office Rentals _____ (From Schedule B)	24. Payroll _____
11. Retail Rentals _____ (From Schedule B)	25. Supplies _____
12. Mixed Rentals _____ (From Schedule B)	26. Management _____
13. Shopping Center Rentals _____ (From Schedule B)	27. Insurance _____
14. Industrial Rental _____ (From Schedule B)	28. Common Area Maintenance _____
15. Other Rentals _____ (From Schedule B)	29. Leasing Fees/Commissions/Advertising _____
16. Parking Rentals _____	30. Legal and Accounting _____
17. Other Property Income _____	31. Elevator Maintenance _____
18. Total Potential income _____ (Add Lines 9 to 17)	32. Other (Specify) _____
19. Loss Due to Vacancy/Credit _____	33. Security _____
20. Effective Annual Income _____ (Line 18 minus Line 19)	34. Total Expenses _____
21. Heating/Air Conditioning _____	35. Capitol Expenses _____
22. Electricity _____	36. Real Estate Taxes _____
	37. Mortgage Principal and Interest Payment _____
	38. Amortization _____

I do hereby declare under penalties of false statement that the foregoing information and that reflected on the attached schedule(s) is, according to the best of my knowledge, remembrance and belief, a complete and true statement of all income and expenses attributable to the above-identified property.

Signature	Date
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SCHEDULE A – 2015 APARTMENT RENT SCHEDULE

Complete this schedule for apartment rental activity only. A computer printout is acceptable provided it contains all the required information.

UNIT TYPE	NO. OF UNITS		ROOM COUNT		UNIT SIZE SQ. FT.	MONTHLY RENT		TYPICAL LEASE TERM
	TOTAL	RENTED	ROOMS	BATHS		PER UNIT	TOTAL	
Efficiency								
1 Bedroom								
2 Bedroom								
3 Bedroom								
4 Bedroom								
Other Rental 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"/> Garbage Disposal
<input type="checkbox"/> Electricity	<input type="checkbox"/> Furnished Unit
<input type="checkbox"/> Air Conditioning	<input type="checkbox"/> Security
<input type="checkbox"/> Other Utilities	<input type="checkbox"/> Pool
<input type="checkbox"/> Stove/Refrigerator	<input type="checkbox"/> Tennis Courts
<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Other (Please specify) _____ _____

Note: This form must accompany the **2015 ANNUAL INCOME AND EXPENSE REPORT SUMMARY**.
Return both forms to the Assessor’s Office by **June 1, 2016** in order to **avoid a 10% assessment penalty**

