

2024 Annual Income and Expense Report Summary

Owner: _____

Property Address: _____

Mailing Address: _____

Building Name: _____

City / State / Zip: _____

Email address: _____

- | | | | | | | | |
|---|---------------|-----------|-----------|------------------------------------|-------------|---------------|----------------|
| 1. Primary Property Use: (circle one) | A. Apartment | B. Office | C. Retail | D. Mixed Use | E. Shopping | F. Industrial | G. Other _____ |
| 2. Gross Building Area (Include 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 - 2023

- | | |
|---|-------|
| 9. Apartment Rental (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 Lines 9 thru 17) | _____ |
| 19. Loss Due to Vacancy and Credit | _____ |
| 20. Effective Annual Income (Line 18 minus 19) | _____ |

EXPENSES - 2023

- | | |
|---|-------|
| 21. Heating/Air Conditioning | _____ |
| 22. Electricity | _____ |
| 23. Other Utilities | _____ |
| 24. Payroll (Except management, repair & decorating) | _____ |
| 25. Supplies | _____ |
| 26. Management | _____ |
| 27. Insurance | _____ |
| 28. Common Area Maintenance | _____ |
| 29. Leasing Fees/Commissions/Advertising | _____ |
| 30. Legal and Accounting | _____ |
| 31. Elevator Maintenance | _____ |
| 32. General Repairs | _____ |
| 33. Other (specify) _____ | _____ |
| 34. Other (specify) _____ | _____ |
| 35. Other (specify) _____ | _____ |
| 36. Total Expenses (Add Lines 21 thru 35) | _____ |
| 37. Net Operating Income (Line 20 minus Line 36) | _____ |
| 38. Capital Expenses | _____ |
| 39. Real Estate Taxes | _____ |
| 40. Mortgage Payment (Principal & Interest) | _____ |
| 41. Depreciation | _____ |
| 42. Amortization | _____ |

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: _____ Date: _____

Name/Title: _____

Telephone: _____

Return to the Assessor on or before June 1, 2024.

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Schedule A – 2023 Apartment Rent Schedule – COMPLETE THIS SECTION FOR APARTMENT RENTAL ACTIVITY ONLY.

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 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"/> Garbage Disposal |
| <input type="checkbox"/> Electricity | <input type="checkbox"/> Furnished Unit |
| <input type="checkbox"/> Other Utilities | <input type="checkbox"/> Security |
| <input type="checkbox"/> Air Conditioning | <input type="checkbox"/> Pool |
| <input type="checkbox"/> Tennis Courts | <input type="checkbox"/> Dishwasher |
| <input type="checkbox"/> Stove/Refrigerator | |
| <input type="checkbox"/> Other (specify) _____ | |

Schedule B – 2023 Lessee Rent Schedule - Complete this section for all other rental activities EXCEPT apartment rental.

Name Of Tenant	Location of Leased Space	Type/Use of Leased Space	Lease Term			Annual Rent				Property Expenses & Utilities Paid by Tenant
			Start Date	End Date	Leased Sq. Ft.	Base Rent	Esc/Cam Overage	Total Rent	Rent per Sq. Ft.	
Total										

Copy and attach if additional pages are needed