

*Town of Manchester*

*41 Center Street*

*PO Box 191*

*Manchester, CT 06045-0191*

*www.ci.manchester.ct.us*

**RETURN BY 6/1/2006 TO:**

ASSESSOR'S OFFICE

Town Hall

41 Center Street

P.O. Box 191

Manchester, CT 06045-0191

TEL # 860-647-3011/FAX # 860-647-3099

## **2005 Annual Income and Expense Report**

**Please do not disregard this notice, This document will affect your tax liability**

**FILING INSTRUCTIONS:** Please do not confuse this document with the Personal Property Declaration you may file each autumn, this is a separate item, which must be filed in addition to the Personal Property Declaration. The Assessor's office is preparing for the October 1, 2006 revaluation of all real property located in Manchester. In order to fairly assess your real property, information regarding the property income and expenses is required. 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 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 Manchester Assessor's Office on or before June 1, 2006. 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 Ten Percent (10%) increase in the assessed value of such property. Each year, the owners of a number of properties in Manchester are penalized for their failure to file their Income and Expense Report. We have no desire to penalize anyone, but we need your cooperation in this effort.**

**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 2005. **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. Please complete **VERIFICATION OF PURCHASE PRICE** information.

**WHO SHOULD FILE:** All individuals and businesses receiving this form must respond and should complete and return this form to the Assessor's Office. If you believe that you are not required to file this form, please indicate the reasons for this belief in writing to the address listed above. All properties that are rented or leased, including commercial, retail, industrial and residential properties, must complete this form. If a property is partially rented and partially owner-occupied this report must be filed.

**OWNER-OCCUPIED PROPERTIES:** **If your property is 100% owner-occupied, YOU STILL MUST RESPOND,** you must report only those 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 2005. 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 print-out is acceptable for Schedules A and B, providing all the required information is provided.

**RETURN TO THE ASSESSOR ON OR BEFORE JUNE 1, 2006**

/Encl.

(I&E2005)

**SCHEDULE A – 2005 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
- Tennis Courts
- Stove/Refrigerator
- Other (Specify)\_\_\_\_\_
- Garbage Disposal
- Furnished Unit
- Security
- Pool
- Dishwasher

**SCHEDULE B – 2005 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	ESC/CAM/OVERAGE	TOTAL	TOTAL PER SQ. FT.	NO. SPACES	ANNUAL RENT	OWN.	TEN.	COST
<b>TOTALS</b>													

**COPY AND ATTACH IF ADDITIONAL PAGES ARE NEEDED**

# 2005 ANNUAL INCOME AND EXPENSE REPORT SUMMARY

OWNER \_\_\_\_\_ PROPERTY NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ PROPERTY ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_ MAP / BLOCK / LOT \_\_\_\_\_ (Fill in from the Front Instruction Page)

- |   |              |           |           |                             |                    |               |                |
|---|--------------|-----------|-----------|-----------------------------|--------------------|---------------|----------------|
| 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 – 2005

- 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 Line 9 Through Line 17) \_\_\_\_\_
- 19. Loss Due to Vacancy and Credit \_\_\_\_\_
- 20. EFFECTIVE ANNUAL INCOME (Line 18 Minus Line 19) \_\_\_\_\_

## EXPENSES – 2005

- 21. Heating/Air Conditioning \_\_\_\_\_
- 22. Electricity \_\_\_\_\_
- 23. Other Utilities \_\_\_\_\_
- 24. Payroll (Except mgmt., 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. Other (Specify) \_\_\_\_\_
- 33. Other (Specify) \_\_\_\_\_
- 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  
ON OR BEFORE JUNE 1, 2006**

## VERIFICATION OF PURCHASE PRICE

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

(Check One)

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

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.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### AFFIDAVIT

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 _____	E-MAIL _____	TELEPHONE _____

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