

**Return to: Assessor's Office**  
PO BOX 383, 2 Bryan Plaza  
Washington Depot, CT 06794  
(860) 868-0398



## 2019 ANNUAL INCOME AND EXPENSE REPORT-Town of Washington

**FILING INSTRUCTIONS** - The Assessor's Office is preparing for the revaluation in 2023 of all real property located in Washington. In order to fairly assess your real property, property income and expenses information is required. Connecticut General Statutes (CGS) §12-63c requires all owners of rental real property to annually file this report. **The information filed 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 Freedom of Information provisions of Section §1-210.**

**Please complete and return the completed form to the Washington Assessor's Office by on or before August 15, 2020.** Write Legibly. CGS Section §12-63c(d), as amended, any owner of rental real property who fails to file this form or files an incomplete or false form... shall be subject to a penalty assessment equal to a **Ten Percent (10%) increase** in the assessed value of such property.

**GENERAL INSTRUCTIONS** - Complete a Report for all rented or leased commercial, retail, industrial or combination property. Each property needs its own separate Report. Identify property & address. **Provide Annual information for Calendar Year 2019.** Note inapplicable sections with an "N/A" and return entire Report.

**TYPE/USE of Leased Space:** Indicate USE the leased space is utilized for, i.e., Office, Retail, Warehouse, Restaurant, Garage, etc.

**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 charges to tenant for common area maintenance, or other income received from common area property.

**OVERAGE:** Additional fee or rental income. This is usually based on a percent of sales or income.

**PROPERTY EXPENSES & UTILITIES PAID BY TENANT:** Indicate property expenses & utilities a tenant is responsible for. Abbreviations "RE"- real estate taxes & "E" for electricity). **VERIFICATION OF PURCHASE PRICE** must be completed if the property was acquired on or after January 1, 2019.

**WHO SHOULD FILE** - All individuals and businesses receiving this form should complete and return it to the Assessor's Office. All properties which are rented or leased, including commercial, retail, industrial and residential properties must complete this form, except "property used for residential purposes, containing not more than six dwelling units and in which the owner resides".

**If property is 100% Owner Occupied or 100% leased to a related business, corporation, family member or other related entity, CHECK the BOX, SIGN the last page of this Report and RETURN.**

If a property is partially owner-occupied & partially rented this report must be filed. If you think you are not required to file please call the Assessor to discuss.

**HOW TO FILE** - Each summary page should reflect information for a single property for the year of 2019. If you own more than one rental property, a separate report 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 as long as all the required information is provided. **All property owners must return this form to the Washington Assessor's Office on or before August 15, 2020 to avoid the Ten Percent (10%) penalty.**

**PLEASE RETURN TO THE ASSESSOR ON OR BEFORE AUGUST 15, 2020**  
ALL INFORMATION WILL REMAIN CONFIDENTIAL



**SCHEDULE A – 2019 APARTMENT RENT SCHEDULE - *Apartment Rental activity only***

Write Property Location  
HERE (or Place Label)

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								
<b>SUBTOTAL</b>								
GARAGE/PARKING								
OTHER INCOME (SPECIFY)								
<b>TOTALS</b>								

**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 - 2019 LESSEE RENT SCHEDULE - *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.	
<b>TOTAL</b>										

# 2019 Annual Income and Expense Report Summary

Owner \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City / State/ Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_

Property Name \_\_\_\_\_  
**Property Address** \_\_\_\_\_  
 Map / Block / Lot \_\_\_\_\_ (Fill in from the Front Instruction Page)

- 1. **Primary Property Use** (Circle One)    A. Apartment    B. Office    C. Retail
- 2. **Gross Building Area** (Including Owner-Occupied Space) \_\_\_\_\_ Sq. Ft.
- 3. **Net Leasable Area** \_\_\_\_\_ Sq. Ft.
- 4. **Owner-Occupied Area** \_\_\_\_\_ Sq. Ft.
- 5. **No. of Units** \_\_\_\_\_

- D. Mixed Use    E. Shopping Center    F. Industrial    G. Other \_\_\_\_\_
- 6. **Number of Parking Spaces** \_\_\_\_\_
- 7. **Actual Year Built** \_\_\_\_\_
- 8. **Year Remodeled** \_\_\_\_\_

## INCOME - 2019

- 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 - 2019

- 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. Security \_\_\_\_\_
- 33. Other (Specify) \_\_\_\_\_
- 34. Other (Specify) \_\_\_\_\_
- 35. Other (Specify) \_\_\_\_\_
- 36. **TOTAL EXPENSES** (Add Lines 21 Through 35) \_\_\_\_\_
- 37. **NET OPERATING INCOME** (Line 20 Minus Line 36) \_\_\_\_\_
- 38. Capital Expenses \_\_\_\_\_
- 39. Real Estate Taxes \_\_\_\_\_
- 40. Mortgage Payment (Principal and Interest) \_\_\_\_\_
- 41. Depreciation \_\_\_\_\_
- 42. Amortization \_\_\_\_\_

**ALL INFORMATION WILL REMAIN CONFIDENTIAL**

**RETURN TO THE ASSESSOR ON OR BEFORE AUGUST 15, 2020 TO AVOID THE 10% PENALTY**

# VERIFICATION OF PURCHASE PRICE



Write HERE	Property (or Place Label)	Location
---------------	------------------------------	----------

Complete if the property was acquired on or after January 1, 2019 - (N/A? Check box)

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

FIRST MORTGAGE	\$ _____	INTEREST RATE _____%	PAYMENT SCHEDULE TERM _____ YEARS	<table border="1"> <tr> <th colspan="2">(Check One)</th> </tr> <tr> <th>Fixed</th> <th>Variable</th> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	(Check One)		Fixed	Variable						
(Check One)														
Fixed	Variable													
SECOND MORTGAGE	\$ _____	INTEREST RATE _____%	PAYMENT SCHEDULE TERM _____ YEARS											
OTHER	\$ _____	INTEREST RATE _____%	PAYMENT SCHEDULE TERM _____ YEARS											

DID THE PURCHASE PRICE INCLUDE A PAYMENT FOR: Furniture? \$ \_\_\_\_\_ (VALUE) EQUIPMENT? \$ \_\_\_\_\_ (VALUE) OTHER (SPECIFY) \$ \_\_\_\_\_ (VALUE)

WAS THE SALE BETWEEN RELATED PARTIES? (CIRCLE ONE): YES NO APPROXIMATE VACANCY AT DATE OF PURCHASE \_\_\_\_\_%

WAS AN APPRAISAL USED IN THE PURCHASE OR FINANCING? (CIRCLE ONE): YES NO APPRAISED VALUE /NAME OF APPRAISER \_\_\_\_\_

PROPERTY CURRENTLY LISTED FOR SALE? (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.) \_\_\_\_\_

**\* Signature Required Below from ALL Filers or Report Is Not Considered Complete \***

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 \_\_\_\_\_

**RETURN TO THE ASSESSOR ON OR BEFORE AUGUST 15, 2020 - AVOID THE 10% PENALTY**