

City of Stamford, Connecticut

2021

Annual Income and Expense Report

<u>FILING INSTRUCTIONS</u> – Connecticut General Statute 12-63c requires all owners of rental real property to annually file this report. In order to fairly assess your real property, information regarding the property income and expenses is required. The information filed and furnished with this report will remain confidential in accordance with 12-63c(b), which provides that actual rental and operating expenses shall <u>not</u> be a public record and is <u>not</u> subject to the provisions of Section 1-210 (Freedom of Information).

In accordance with Section 12-63c (d) of the Connecticut State Statutes, a completed form MUST be returned to the Assessor's Office whether the property is leased, vacant, or owner occupied on or before June 1st, 2022; or a 10% assessment penalty shall be applied to your total assessment.

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 2021. TYPE/USE OF LEASED SPACE: Indicate use of leased space (i.e., office, retail, warehouse restaurant, garage, etc.). ESC/CAM/OVERAGE: (Circle if applicable) ESCALATION: Amount, in dollars, of adjustment to base rent either preset 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. PROPERTY EXPENSES & UTILITIES PAID BY TENANT: Indicate the property expenses and utilities the tenant is responsible for. Abbreviations may be used (i.e., "RE" for real estate taxes & "E" for electricity). VERIFICATION OF PURCHASE PRICE & IMPROVEMENTS must be completed if the property was acquired or improvements/additions were performed on or after January 1, 2021.

WHO SHOULD FILE – All individuals and businesses receiving this form should complete and return this form to the Assessor's Office. If you believe that you are not required to fill out this form, please call the number listed below to discuss your special situation. All properties which are rented or leased, including commercial, retail, industrial and residential properties, except "such property used for residential purposes, containing not more than six dwelling units and in which the owner resides" must complete this form. If a property is partially rented and partially owner-occupied, this report must be filed. If the property is 100% owner occupied, please check the box on the top right of Page 1, sign, date and return the form to the Assessor's Office by June 1, 2022.

<u>HOW TO FILE</u> – Each summary page should reflect information for a single property for the 2021 calendar year. 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 properties. <u>All property</u> owners must sign & return the forms to the Stamford Assessor's Office on or before June 1, 2022.

<u>A COMPUTER PRINT-OUT IS ACCEPTABLE AS LONG AS THE REQUIRED INFORMATION IS PROVIDED.</u> RETURN TO:

OFFICE OF THE ASSESSOR 888 Washington Boulevard P.O. Box 10152 Stamford CT 06904-2152

Rob Rende (203) 977-5604

Dave Nash (203) 977-4674

RETURN TO THE ASSESSOR ON OR BEFORE JUNE 1, 2022

Property Address:	IF YOUR PROPERTY IS 100% OWNED OCCUPIED OR 100% LEASED TO A RELAT CORPORATION, BUSINESS, FAMILY MEMB OR OTHER RELATED ENTITY, PLEA INDICATE BY CHECKING THE BOX A RETURN TO ASSESSOR'S OFFICE.
Parcel ID: Owner: Mailing Address:	
Primary Property Use: If incorrect or changed, specify	
2. Gross Building Area (Including Owner-Occupied Spa	ce):Sq. Ft.
3. Net Leasable AreaSq. Ft. 4. Owner	Occupied AreaSq. Ft.
	er of Parking Spaces emodeled
 INCOME – 2021 (Use <u>Potential Gross Income</u> for the second of the second	om Schedules A & B)
10. Office Rentals (Totals Schedule B)	
11. Retail Rentals (Totals Schedule B)	
12. Mixed Rentals (Totals Schedule B)	
13. Shopping Center Rentals (Totals Schedule B)	
14. Industrial Rentals (Totals Schedule B)	
15. Other Rentals (Totals Schedule B)	
16. Parking Rentals (Totals Schedule B)	
17. Other Property Income	
18. Potential Gross Income (add line 9 thru line 17)	
19. Income Loss due to Vacancy	
20. Effective Annual Income (line 18 minus line 19)21. NET EXPENSES (from page 2 – line 41)	
22. NET OPERATING INCOME (Line 20 minus line 21)	
22. NET OF EIGHT HOUSE (Line 20 minus line 21)	

EXPENSES - 2021	
23. Heating / Air Conditioning	
24. Electricity	
25. Water & Sewer Charges	
26. Payroll (except management, repair)	
27. Supplies	
28. Management	
29. Insurance	
30. Common Area Maintenance	
31. Leasing Fees/Commissions/Advertising	
32. Legal and Accounting	
33. Elevator Maintenance	
34. Security	
35. Other (specify)	
36. Other (specify)	
37. Other (specify)	
38. Total Expenses (add lines 23 thru 37)	
39. Reimbursed Expenses from Tenants Report this only if landlord is paying for expenses and b	peing reimbursed for those expenses
A) CAM	
B) Insurance	
C) Real Estate Taxes	
D) Other (Specify)	
40. Total Reimbursed Expenses from Tenants (Sum of 39 A, B, C & D)	
41. Net Expenses (line 38 minus line 40)	
42. Capital Expenses	
43. Real Estate Taxes	
44. Mortgage Payment (principal and interest)	
AFFIDAVIT:	
ACCORDING TO THE BEST OF MY KNOWLEDGE,	ALSE STATEMENT THAT THE FOREGOING INFORMATION, REMEMBRANCE AND BELIEF IS A COMPLETE AND TRUE ATTRIBUTABLE TO THE ABOVE IDENTIFIED PROPERTY ral Statues).
NAME (Print):	
SIGNATURE:	DATE:
TITLE:	PHONE:

UNIT TYPE	No. of Units		Unit Size	Monthi	y Rent	Actual Annual Rent Received	Income Loss due to Vacancy	<u>Potential</u> Gross Income	
	Total	Rented	Sq. Ft.	Per Unit	Total	(A)	(B)	(Column A + B)	
Efficiency									
1 Bedroom									
2 Bedroom									
3 Bedroom									
4 Bedroom									
Other Rentable Units									
Owner/Manager/Janitor Occupied									
SUBTOTAL									
Garage/Parking									
Other Income (Specify)									
TOTALS									

SCHEDULE B – 2021 Lessee Rent Schedule Complete this Section for all other rental activities except apartment rentals

	Location of	Type/Use	Lease Term			Annual Rent				Property Expenses	
NAME OF TENANT	Leased Space	of Leased Space	Start	End	Leased	Base	Esc/Cam/	Total Rent	Rent per	& Utilities	
			Date	Date	Sq. Ft.	Rent	Overage		Sq. Ft.	Paid by Tenant	
TOTAL ACTUAL ANNUAL INCOME											
		Vacant Sq. Ft.	Estimated Rent		Income Loss due to Vacancy	Rent per Sq. Ft.					
LOSS DUE TO VACANCY (Estimate vacancy at market rent)											
POTENTIAL GROSS INCOME (Total Rent + Total Vacancy)											

VERIFICATION OF PURCHASE PRICE & IMPROVEMENTS

(COMPLETE IF THE PROPERTY WAS ACQUIRED ON OR AFTER JANUARY 1, 2021)

Down Payment \$,	Date of Purchase								
·					(Check	cone)				
Interest Rate	_ %	Payment Sche	edule Term	Years	Fixed	Variable				
	_ %	Payment Sche	edule Term	Years						
Interest Rate	- %	Payment Sche	edule Term	Years		<u> </u>				
payment for: Furniture:		Equipment:		Other (Specify): _		<u></u>				
arties: (Circle One)	Yes	No Appro	ximate vacancy	at date of purcha	se	%				
chase or financing: (Circle One)	Yes	No Appra	ised Value:							
e: (Circle One)	Yes	No Name	of Appraiser:							
king price: \$	_ D	ate Listed:	F	3roker:						
ecial circumstances or reasons o	concer	ning your purch	I ase (i.e. Vacancy, co	onditions of sale, etc.)						
				lease attach add		sheet)				
			,							
DETAILS OF IMPROVEMENTS		TOTAL COST	LIFE	СОММ	ENTS					
	5	>								
	2	>								
										
										
	Interest Rate Interest Rate Interest Rate Interest Rate Dayment for: Furniture: Darties: (Circle One) Chase or financing: (Circle One) Chase or financing: (Circle One) Circle One) Circle One Cost of IMPROS	Interest Rate % Interest Rate % Interest Rate % Dayment for: Furniture: Arties: (Circle One) Yes Chase or financing: (Circle One) Yes E: (Circle One) Yes Existing price: \$ D Decial circumstances or reasons concert COST OF IMPROVEME S/Additions made to the property in 2 DETAILS OF IMPROVEMENTS	Interest Rate	Interest Rate	Interest Rate	Interest Rate				

\$