



Assessor's Office

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Pomfret Center, Connecticut 06259
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www.pomfretct.gov

April 13, 2020

The Assessor's Office is required by law to revalue all property within the Town of Pomfret every five (5) years. In order to assess your real property equitably, information regarding the income and expense related to your property is essential. Connecticut General Statutes, Section 12-63c, requires all owners of income generating property to annually file the enclosed forms. 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 not be a public record and is not subject to the provisions of Section 1-210 (Freedom of Information).

Please complete and return the completed form to the Pomfret Assessor's Office on or before August 15, 2020. In accordance with C.G.S Section 12-63c(d), any owner of rental real property who fails to file this form or files an incomplete or false form with intent to mislead the Assessor, or returns the form after the statutory deadlines, shall be subject to a **penalty equal to ten percent (10%)** of the assessed value of such property.

GENERAL INSTRUCTIONS & DEFINITIONS: Please complete this form for all rented or leased apartment, commercial, industrial or combination property. Identify the property and address and provide annual information for the calendar year 2019. **TYPE/USE OF LEASED SPACE:** Indicate the type of use the leased space is being utilized for (i.e., office, retail, warehouse, restaurant, garage, etc.). **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. **PROPERTY EXPENSES & UTILITIES PAID BY TENANT:** Indicate the property expenses & utilities the tenant is responsible for. Abbreviations may be used (i.e., "RE" for real estate taxes & "E" for electricity).

VERIFICATION OF PURCHASE PRICE: Please complete 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 this form to the Assessor's Office. 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 non-residential property is partially rented and partially owner-occupied, this report must be filed.

HOW TO FILE: Each summary page should reflect information for a single property for the calendar year 2019. If you own more than one rental property, a separate report/form must be filed for each property. 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 printout is acceptable for Schedule A and B, providing all the required information is provided.

All property owners must sign & return this form to the Pomfret Assessor's Office on or before August 15, 2020* to avoid a ten percent (10%) penalty

*EXTENSION GRANTED BY GOVERNOR LAMONT'S EXECUTIVE ORDER 75

2019 ANNUAL INCOME AND EXPENSE REPORT SUMMARY

Owner: _____
 Mailing Address: _____
 City / State/ Zip: _____

Property Address: _____
 Unique ID: _____

- | | | | | | | | |
|---|---------------|-----------|-----------|-----------------------------|--------------------|---------------|----------------|
| 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 | _____ | | | | | | |

* If property is 100% owner occupied, or occupied by a related person, corporation or entity please indicate by checking and ignore questions 9 through 20.

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 _____

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/TITLE (PRINT) _____

DATE _____ TELEPHONE _____

*Return to the Assessor on or Before August 15, 2020**

SCHEDULE A - 2019 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)

- Heat Garbage Disposal
 Electricity Furnished Unit
 Other Utilities Security
 Air Conditioning Pool
 Tennis Courts Dishwasher
 Stove/Refrigerator
 Other Specify _____

SCHEDULE B- 2019 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. | |
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| TOTAL | | | | | | | | | | |

COPY AND ATTACH IF ADDITIONAL PAGES ARE NEEDED

VERIFICATION OF PURCHASE PRICE

(Complete if the property was acquired on or after January 1, 2019)

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

| | | | |
|-----------------|----------|-----------------------|-----------------------------------|
| FIRST MORTGAGE | \$ _____ | INTEREST RATE _____ % | PAYMENT SCHEDULE TERM _____ YEARS |
| SECOND MORTGAGE | \$ _____ | INTEREST RATE _____ % | PAYMENT SCHEDULE TERM _____ YEARS |
| OTHER | \$ _____ | INTEREST RATE _____ % | PAYMENT SCHEDULE TERM _____ YEARS |

| (Check One) | |
|-------------|----------|
| Fixed | Variable |
| | |
| | |
| | |

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.) _____

RETURN TO THE ASSESSOR PRIOR TO AUGUST 15, 2020* TO AVOID A 10% PENALTY