



# City of Danbury Assessors Office

## 2020

### Annual Income and Expense Report

## RETURN TO:

Danbury Assessors Office  
155 Deer Hill Avenue  
Danbury, CT 06810

TEL • (203) 797-4556

FAX • (203) 796-1651

### Return to the Assessor's Office on or Before June 1, 2021

The Assessor's Office is required by law to revalue all property in the City of Danbury every five years. In order to assess your real property fairly and equitably, information regarding the income and expenses related to your property is essential. Connecticut General Statute §12-63c requires all owners of rental property to annually file income and expense statements to the assessors office. Any information related to the actual rental and rental-related income and operating expenses shall not be a public record and is not subject to the provisions of Connecticut General Statute 1-210 (Freedom of Information Act).

Please complete the enclosed forms and return them to this office on or before **June 1, 2021**. In accordance with Connecticut General Statute §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 defraud shall be subject to a penalty assessment equal to a **ten percent (10%) increase in the assessed value of such property**.

**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 2020.** **TYPE/USE OF LEASED SPACE:** Indicate use the leased space being utilized (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 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 upon a percent of sales or income. **PROPERTY EXPENSES & UTILITIES PAID BY TENANT:** Indicate the property expenses & utilities that are the responsibility of the tenant. Abbreviations may be used (i.e., "RE" for real estate taxes & "E" for electricity). **VERIFICATION OF PURCHASE PRICE** must be completed if the property was acquired after October 2, 2020.

**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 above 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. This report **must** be file when a property is partially rented and partially owner-occupied.

**IF YOUR PROPERTY IS 100% OWNER-OCCUPIED, OR 100% LEASED TO A RELATED CORPORATION, BUSINESS, FAMILY MEMBER OR OTHER RELATED ENTITY, PLEASE INDICATE BY CHECKING THIS BOX AND RETURN THIS FORM WITH THE SIGNATURE PAGE SIGNED & DATED.**

**HOW TO FILE** - Each summary page should reflect information for a single property for the year of **2020**. 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.

#### HOW TO FILE

Each summary page should reflect information for a single property for the year of 2020. 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.

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If you have any questions concerning these forms or the information required, please call this office at (203) 797-4556.

Postmark **NOT** Accepted per C.G.S. – FAXED copies **NOT** Accepted per C.G.S

# 2020 Annual Income and Expense Report Summary

Owner \_\_\_\_\_

Property Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Property Address \_\_\_\_\_

City / State/ Zip \_\_\_\_\_

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   | _____        |           |           |                             |                    |               |                |

## INCOME - 2020

- 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 - 2020

- 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 \_\_\_\_\_

**Your report will be rejected and a penalty will be applied, if this page is not returned.**

**RETURN TO THE ASSESSOR ON OR BEFORE JUNE 1, 2021 TO AVOID 10% PENALTY**

# SCHEDULE A – 2020 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								
<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 - 2020 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.	
7jS_ b'W 4aTeB'g_ T]' Y	G` [f6	Retail	mm/dd/yyyy	mm/dd/yyyy	1,500	\$18,000	0	\$18,000	\$12	Electric, gas
<b>TOTAL</b>										

Copy and Attach If Additional Pages are Needed

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# VERIFICATION OF PURCHASE PRICE

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

			(Check One)
FIRST MORTGAGE \$ _____	INTEREST RATE _____%	PAYMENT SCHEDULE TERM _____ YEARS	Fixed
SECOND MORTGAGE \$ _____	INTEREST RATE _____%	PAYMENT SCHEDULE TERM _____ YEARS	Variable
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.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 \_\_\_\_\_

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