

2010 ANNUAL INCOME AND EXPENSE REPORT SUMMARY

Property Address:

Owner Name:

Parcel ID:

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 THE BOX AND RETURN TO ASSESSOR'S OFFICE.

1. Primary Property Use:
 If incorrect or changed, specify _____

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 _____ 6. Number of Parking Spaces _____

7. Actual Year Built _____ 8. Year Remodeled _____

INCOME – 2010 (Use Potential Gross Income from Schedules A & B)

9. Apartment Rental (Totals Schedule A) _____
 If rent roll provided, indicate average rent per unit type in Schedule A

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) _____

NET EXPENSES (from page 2 – line 39) _____

NET OPERATING INCOME (Line 20 minus line 37) _____

RETURN TO THE ASSESSOR ON/OR BEFORE JUNE 1, 2011 TO AVOID 10% PENALTY

EXPENSES – 2010

- 21. Heating / Air Conditioning _____
- 22. Electricity _____
- 23. Other Expenses _____
- 24. Payroll (except management, repair) _____
- 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. Amortized Expenses (Apportioned for 2009 year) _____
 Note: Attach Schedule
- 34. Other (specify) _____
- 35. Other (specify) _____
- 36. Other (specify) _____
- 37. **Total Expenses** (add lines 21 thru 36) _____
- 38. Reimbursed Expenses from Tenants _____
 (Do not include Real Estate Taxes)
- 39. **Net Expenses** (line 37 minus line 38) _____
- 40. Capital Expenses _____
- 41. Real Estate Taxes _____
- 42. Mortgage Payment (principal and interest) _____

AFFIDAVITE:

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*).

NAME (Print): _____

SIGNATURE: _____

TITLE: _____

DATE: _____

PHONE: _____

VERIFICATION OF PURCHASE PRICE

(COMPLETE IF THE PROPERTY WAS ACQUIRED ON OR AFTER JANUARY 1, 2010)

Purchase Price \$ _____ Down Payment \$ _____ Date of Purchase _____

(Check one)

1st Mortgage \$ _____ Interest Rate _____ % Payment Schedule Term _____ Years
 2nd Mortgage \$ _____ Interest Rate _____ % Payment Schedule Term _____ Years
 Other \$ _____ Interest Rate _____ % Payment Schedule Term _____ Years

Fixed	Variable

Did the purchase price include a payment for: Furniture: _____ Equipment: _____ Other (Specify): _____

Was the sale between Related Parties: (Circle One) Yes No Approximate vacancy at date of purchase _____ %

Was an appraisal used in the purchase of Financing: (Circle One) Yes No Appraised Value: _____
 Name of Appraiser: _____

Is property currently listed for sale: (Circle One) Yes No

If property is listed for sale, list asking price: \$ _____ Date Listed: _____ Broker: _____

Remarks – Please explain any special circumstances or reasons concerning your purchase (i.e. Vacancy, conditions of sale, etc.)
