

# 2025 ANNUAL INCOME AND EXPENSE REPORT SUMMARY

Owner \_\_\_\_\_

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

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

Map/Block/Lot \_\_\_\_\_ Unique ID: \_\_\_\_\_

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

<b>CHECK HERE IF THE PROPERTY IS <u>100%</u> OWNER-OCCUPIED</b> <input type="checkbox"/>
<b>CHECK HERE IF THE PROPERTY IS LEASED TO A RELATED PERSON/ BUSINESS ENTITY</b> <input type="checkbox"/>

- |                                                         |               |            |            |                             |                     |                |                 |
|---------------------------------------------------------|---------------|------------|------------|-----------------------------|---------------------|----------------|-----------------|
| 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. Number of Units                                      | _____         |            |            |                             |                     |                |                 |

## INCOME - 2025

- 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 - 2025

- 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 \_\_\_\_\_
- Taxes Paid by: Owner \_\_\_\_\_ or Tenant \_\_\_\_\_**
- 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 (*§12-63c(d) of the Connecticut General Statutes*).

SIGNATURE \_\_\_\_\_

NAME/TITLE (print) \_\_\_\_\_

DATE \_\_\_\_\_ TELEPHONE \_\_\_\_\_

***Return to the Assessor on or Before June 1, 2026, to Avoid the 10% Penalty***



# VERIFICATION OF PURCHASE PRICE

(Complete if the property was acquired on or after January 1, 2025)

UID: \_\_\_\_\_

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

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

DID THE PURCHASE PRICE INCLUDE 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.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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SIGNATURE \_\_\_\_\_ NAME (Print) \_\_\_\_\_ DATE \_\_\_\_\_

TITLE \_\_\_\_\_ TELEPHONE \_\_\_\_\_

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