



**Bill Finch**  
Mayor

# 2014 Annual Income and Expense Report

Elaine T. Carvalho, CCMA  
Tax Assessor

For questions concerning this report:

Phone: (203) 576-7241

Facsimile: (203) 332-5521

**NOTICE:** In order to equitably assess your real property, income and expense information is required. *Connecticut General Statutes* 12-63(c) requires all owners of rental real property to annually file this report. **THE INFORMATION FILED AND FURNISHED WITH THIS REPORT WILL REMAIN CONFIDENTIAL, AND IT IS NOT OPEN FOR PUBLIC INSPECTION.** Any information related to the actual rental and operating expenses is considered privileged and **shall not** be public record; such information is legally exempt from Freedom of Information Act and is **not** subject to the provisions of *Section 1-210* (Freedom of Information) of the *Connecticut General Statutes*.

**FILING INSTRUCTIONS:** PLEASE COMPLETE AND RETURN THIS REPORT TO THE ASSESSOR'S OFFICE ON OR BEFORE **JUNE 1, 2015 FAILURE TO FILE THIS FORM TIMELY WILL RESULT IN A PENALTY OF TEN PERCENT (10%) INCREASE IN YOUR PROPERTY ASSESSMENT.** You must attach to the completed form, a copy of your 2014 Federal Income Tax Returns, Schedule E (Form 1040), Supplemental Income and Expenses and/or Form 8825, Rental Real Estate Income and Expenses of a Partnership, an S Corporation or Limited Liability Company (LLC) with the Form K-1 attached. You need not provide other tax schedules not related to the rental activity. Additionally, Rent Rolls for 2013 and 2014 must be provided.

**IN ACCORDANCE WITH SECTION 12-63(c)(d) OF THE CONNECTICUT STATUTES, ANY OWNER OF RENTAL PROPERTY WHO FAILS TO FILE THIS FORM OR FILES AN INCOMPLETE OR FALSE FORM WITH THE INTENT TO DEFRAUD, SHALL BE SUBJECT TO A PENALTY ASSESSMENT EQUAL TO A TEN (10%) PERCENT INCREASE IN THE ASSESSED VALUE OF SUCH PROPERTY.**

**WHO MUST FILE:** All individuals and businesses receiving this form must complete and return this form to the Assessor's office by June 1, 2015. Owners of all properties which are rented or leased, including commercial, retail, industrial and residential properties must complete this form, except owners of residential properties of six units or less in which the owner of such property also resides. If a non-residential property is partially rented and partially owner-occupied this report must be filed.

**OWNER-OCCUPIED PROPERTIES** – If YOUR PROPERTY IS 100% OWNER-OCCUPIED WITH **NO** REAL ESTATE RELATED INCOME, PLEASE INDICATE BY CHECKING THE FOLLOWING BOX . INCOME AND EXPENSE RELATING TO YOUR BUSINESS ENTERPRISE SHOULD **NOT** BE INCLUDED IN THIS FORM.

**HOW TO FILE:** Each summary page should reflect information for a single property for the calendar year indicated on the form. If you own more than one rental property, a separate report 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 print-out is acceptable for Schedules A and B, provided that all the required information is included.

**Mail or hand deliver Report to:**

DEPARTMENT OF ASSESSMENT, CITY HALL, ROOM 105  
45 LYON TERRACE, BRIDGEPORT, CT 06604

**Return to the Department of Assessments Prior to June 1, 2015**

Property Location/Situs  
Parcel ID

Postal  
Permit  
Location

Property Owner  
Co-Owner  
Mailing Address  
City, State, Zip



# 2014 ANNUAL INCOME AND EXPENSE REPORT SUMMARY

Owner \_\_\_\_\_ Property Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ Property Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_ Parcel ID \_\_\_\_\_

1. Primary use of Property (*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. Building Age (*In years*) \_\_\_\_\_  
 4. Owner Occupied \_\_\_\_\_ Sq. Ft      8. Year(s) Remodeled \_\_\_\_\_  
 5. Number of Units \_\_\_\_\_

## INCOME 2014

9. Apartment Rentals (*Attach Schedule A*) \_\_\_\_\_  
 10. Office Rentals (*Attach Schedule B*) \_\_\_\_\_  
 11. Retail Rental (*Attach Schedule B*) \_\_\_\_\_  
 12. Mixed Rentals (*Attach Schedule B*) \_\_\_\_\_  
 13. Shopping Center Rentals (*Attach Schedule B*) \_\_\_\_\_  
 14. Industrial Rentals (*Attach Schedule B*) \_\_\_\_\_  
 15. Other Rentals (*Attach Schedule B*) \_\_\_\_\_  
 16. Parking Rental \_\_\_\_\_  
 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 2014

21. Heating/Air Conditioning \_\_\_\_\_  
 22. Electricity \_\_\_\_\_  
 23. Other Utilities \_\_\_\_\_  
 24. Payroll (*Except management, repairs and decorating*) \_\_\_\_\_  
 25. Supplies \_\_\_\_\_  
 26. Management \_\_\_\_\_  
 27. Insurance \_\_\_\_\_  
 28. Common Area Maintenance \_\_\_\_\_  
 29. Leasing Fees/Commissions/Advertising \_\_\_\_\_  
 30. Legal and Accounting \_\_\_\_\_  
 31. Elevator Maintenance \_\_\_\_\_  
 32. Other (*Specify*) \_\_\_\_\_  
       \_\_\_\_\_      \_\_\_\_\_  
       \_\_\_\_\_      \_\_\_\_\_  
       \_\_\_\_\_      \_\_\_\_\_  
 33. Security \_\_\_\_\_  
 34. **TOTAL EXPENSES** (*Add Line 21 through Line 33*) \_\_\_\_\_  
 35. **NET OPERATING INCOME** (*Line 20 minus Line 34*) \_\_\_\_\_  
 36. Capital Expenses \_\_\_\_\_  
 37. Real Estate Taxes \_\_\_\_\_  
 38. Mortgage Payments (*Principal and Interest*) \_\_\_\_\_  
 39. Depreciation \_\_\_\_\_  
 40. Amortization \_\_\_\_\_

# VERIFICATION OF PURCHASE PRICE

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
CHattel MORTGAGE	\$ _____	INTEREST RATE _____ %	PAYMENT SCHEDULE TERM _____ YEARS

(Check One)	
Fixed	Variable

DID THE PURCHASE PRICE INCLUDE A PAYMENT FOR: FURNITURE? \$ \_\_\_\_\_ (DECLARED VALUE) EQUIPMENT? \$ \_\_\_\_\_ (DECLARED VALUE)

WAS AN APPRAISAL USED IN THE PURCHASE OR FINANCING? (CHECK ONE)
  YES
  NO
 NAME OF APPRAISER \_\_\_\_\_ APPRAISED VALUE \_\_\_\_\_

HAS THE PROPERTY BEEN LISTED FOR SALE SINCE YOUR PURCHASE ? (CHECK ONE)
  YES
  NO

IF YES, LIST THE ASKING PRICE \$ \_\_\_\_\_ DATE LISTED \_\_\_\_\_ BROKER \_\_\_\_\_

REMARKS. (Explain special circumstances or reasons for your purchase) \_\_\_\_\_

## AFFIDAVIT

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 \_\_\_\_\_

**RETURN TO THE ASSESSOR BY JUNE 1, 2015**