

**2019**  
**ANNUAL INCOME AND EXPENSE REPORT**  
**Town of New Canaan**



**Property Location:**

Connecticut General Statute 12-63c requires all owners of rental real property to annually file this report. **The information filed and furnished with this report will remain confidential and is not open to public inspection.** Any information related to the actual rental and operating expenses shall not be a public record and is not subject to the provisions of Section 1-19 (Freedom of Information) of the Connecticut General Statutes.

**Please complete and return the completed form to the Assessor's Office on or before June 1, 2019.**

In accordance with Section 12-63c(d), of the Connecticut General Statutes, as amended, 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 2018.** **ESC/CAM/OVERAGE:** (Check 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 for the common area property. **OVERAGE:** Additional fee of rental income. This is usually based on a percent of sales or income. **PARKING:** Indicate number of parking spaces and annual rent for each tenant, include spaces or areas leased or rented to a tenant as a concession. **SPACES RENTED TWICE:** Those rented for daylight hours to one tenant and evening hours to another should be reported under each tenant's name. **OPTION PROVISIONS/BASE RENT INCREASE:** Indicate the percentage or increment and time period. **INTERIOR FINISH:** Indicate whether completed by the owner or the tenant and the cost. Complete **VERIFICATION OF PURCHASE PRICE** information. **PLEASE NOTE A NEW PAGE WAS ADDED REGARDING VACANCY INFORMATION**

**WHO SHOULD FILE.** All individuals and businesses receiving this form should complete and return this form to the Assessor's Office. All properties that 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. If you have any questions, please call the Assessor's Office.

**OWNER OCCUPIED PROPERTIES.** If your property is 100% owner-occupied, please report only the income or expense items associated with occupancy of the building and land. Income and expense relating to your business should not be reported.

**HOW TO FILE.** Each summary page should reflect information for a single property for the year 2018. 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. A computer printout is acceptable for Schedule A and B, providing all the required information is provided.

**RETURN TO THE ASSESSOR ON OR BEFORE JUNE 1, 2019**

Town of New Canaan  
ASSESSOR'S OFFICE  
77 MAIN ST  
NEW CANAAN, CT 06840  
OFFICE- 203-594-3005  
FAX-203-594-3130

# 2018 ANNUAL INCOME AND EXPENSE REPORT SUMMARY

Owner Name \_\_\_\_\_ Property Location \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 (if different from front) \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_

Apartment   
  Office   
  Retail   
  Mixed Use   
  Shopping Ctr.   
  Industrial   
  Other

1 Primary Property Use (Check One)

2 Gross Building Area \_\_\_\_\_ Sq. Ft.    6 Number of Parking Spaces \_\_\_\_\_  
 (Including Owner-Occupied Space)  
 3 Net Leasable Area \_\_\_\_\_ Sq. Ft.    7 Actual Year Built \_\_\_\_\_  
 4 Owner-Occupied Area \_\_\_\_\_ Sq. Ft.    8 Year Remodeled \_\_\_\_\_  
 5 Number Of Units \_\_\_\_\_

## INCOME

## EXPENSES

9 Apartment Rentals (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 <b>TOTAL POTENTIAL INCOME</b> _____ (Add Line 9 Through Line 17) 19 Loss Due to Vacancy and Credit _____ 20 <b>EFFECTIVE ANNUAL INCOME</b> _____ (Line 18 Minus Line 19)	21 Heating/Air Conditioning _____ 22 Electricity _____ 23 Other Utilities _____ 24 Payroll (Except management) _____ 25 Supplies _____ 26 Management _____ 27 Insurance _____ 28 Common Area Maintenance _____ 29 Leasing Fees / Commissions / Advertising _____ 30 Legal and Accounting _____ 31 Elevator Maintenance _____ 32 Tenant Improvements _____ 33 General Repairs _____ 34 Other (Specify) _____ 35 Other (Specify) _____ 36 Other (Specify) _____ 37 Security _____ 38 <b>TOTAL EXPENSES</b> (Add Lines 21 Through 37) _____ 39 <b>NET OPERATING INCOME</b> (Line 20 Minus Line 38) _____ 40 Capital Expenses _____ 41 Real Estate Taxes _____ 42 Mortgage Payment (Principal and Interest) _____
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**SCHEDULE A - 2018 APARTMENT RENT SCHEDULE**

Complete this Section for Apartment Rental activity only.

UNIT TYPE	NO. OF UNITS		ROOM COUNT		UNIT SIZE		MONTHLY RENT		TYPICAL LEASE TERM
	TOTAL	RENTED	ROOMS	BATHS	SQ. FT.	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
- Stove/Refrigerator
- Dishwasher
- Garbage Disposal
- Other Specify \_\_\_\_\_
- Furnished Unit
- Security
- Pool
- Tennis Courts
- Parking

**SCHEDULE B - 2018 LESSEE SCHEDULE**

Complete this Section for all other rental activities except apartment rental.

NAME OF TENANT	LOCATION OF SPACE LEASED	CURRENT USE OF LEASED SPACE	LEASE TERM			ANNUAL RENT		PROPERTY EXPENSES & UTILITIES PAID BY TENANT \$		
			START	END	SQ.FT	BASE \$	ESCAP/WOVE RAGE \$		TOTAL \$	TOTAL PER SQ.FT. \$
<b>TOTALS</b>										
<b>PARKING SPACE LEASE LOCATION INFORMATION</b>										

COPY AND ATTACH IF ADDITIONAL PAGES ARE NEEDED  
**RETURN TO THE ASSESSOR ON OR BEFORE JUNE 1, 2019**



# VERIFICATION OF PURCHASE PRICE

PURCHASE PRICE \$ \_\_\_\_\_  
 DATE OF LAST APPRAISAL \_\_\_\_\_  
 DOWN PAYMENT \$ \_\_\_\_\_  
 APPRAISAL FIRM \_\_\_\_\_  
 DATE OF PURCHASE \_\_\_\_\_  
 APPRAISED VALUE \_\_\_\_\_

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? \$ \_\_\_\_\_ (Value)
EQUIPMENT? \_\_\_\_\_ (Value)
OTHER (Specify) \$ \_\_\_\_\_ (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 - Please explain any special circumstances or reasons concerning your purchase (i.e., vacancy, conditions of sale, etc.)

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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 ON OR BEFORE JUNE 1, 2019**