

2025 ANNUAL INCOME AND EXPENSE REPORT SUMMARY

Owner _____
 Mailing Address _____
 City/State/Zip _____

Property Name _____
 Property Address _____
 Map/Block/Lot _____ (Fill in from the Front Instruction Page)

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.			
3 Net Leasable Area				Sq. Ft.			
4 Owner Occupied Area				Sq. Ft.			
5 No. 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 thru Line 17)	_____
19 Loss Due to Vacancy and Credit	_____
20 EFFECTIVE ANNUAL INCOME (Line 18 Minus Line 19)	_____
21 Portion of Line 17 from R.E. Tax Reimbursements	_____
22 EFFECTIVE ANNUAL INCOME *BT (Line 20 minus Line 21)	_____

*Before Taxes

EXPENSES 2025

23 Heating/Air Conditioning	_____
24 Electricity	_____
25 Other Utilities	_____
26 Payroll (except management, repair & decorating)	_____
27 Supplies	_____
28 Management	_____
29 Insurance	_____
30 Common Area Maintenance	_____
31 Leasing Fees/Commissions Advertising	_____
32 Legal and Accounting	_____
33 Elevator Maintenance	_____
34 Other (Specify)	_____
35 Other (Specify)	_____
36 Other (Specify)	_____
37 Other (Specify)	_____
38 Other (Specify)	_____
39 Security	_____
40 TOTAL EXPENSES *BT (Add lines 23 thru 39)	_____
41 Net Operating Income *BT (Line 20 minus Line 40)	_____
42 Capital Expenses	_____
43 Real Estate Taxes	_____
44 Mortgage Payment (Principal and Interest)	_____

RETURN TO THE ASSESSOR ON OR BEFORE JUNE 1, 2026

SCHEDULE A - 2025 APARTMENT RENT SCHEDULE
Complete this Section for Apartment Rental activity only.

UNIT TYPE	NO. OF UNITS		ROOM COUNT		UNIT SIZE	MONTHLY RENT		TYPICAL
	TOTAL	RENTED	ROOMS	BATHS	SQ. FT.	PER UNIT	TOTAL	LEASE TERM
EFFICIENCY								
1 BEDROOM								
2 BEDROOM								
3 BEDROOM								
4 BEDROOM								
OTHER RENTABLE UNITS								
OWNER/MANAGER/JANITOR OCCUPIED								
SUBTOTAL								
GARAGE/PARKING								
OTHER INCOME (SPECIFY)								

BUILDING FEATURES INCLUDED IN RENT

(Please check all that apply)

<input type="checkbox"/> Heat	<input type="checkbox"/> Garbage Disposal
<input type="checkbox"/> Electricity	<input type="checkbox"/> Furnished Unit
<input type="checkbox"/> Other Utilities	<input type="checkbox"/> Security
<input type="checkbox"/> Air Conditioning	<input type="checkbox"/> Pool
<input type="checkbox"/> Tennis Courts	<input type="checkbox"/> Dishwasher
<input type="checkbox"/> Stove/Refrigerator	
<input type="checkbox"/> Other Specify _____	

SCHEDULE B - 2025 LESSEE RENT SCHEDULE
Complete this Section for all other rental activities except apartment rental

NAME OF TENANT	LOCATION OF SPACE	LEASE TERM			ANNUAL RENT				PARKING		INTERIOR FINISH		
		START	END	SQ. FT.	BASE	ESC/CAM/OVERAGE	TOTAL	TOTAL PER SQ. FT.	NO. SPACES	ANNUAL RENT	OWN	TEN.	COST
TOTAL													

COPY AND ATTACH IF ADDITIONAL PAGES ARE NEEDED.

VERIFICATION OF PURCHASE PRICE

PURCHASE PRICE	\$ _____	DOWN PAYMENT	\$ _____	DATE OF PURCHASE	_____
(Check One)					
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

DID THE PURCHASE PRICE INCLUDE A PAYMENT FOR: Furniture? \$ _____ Equipment? \$ _____ Other (Specify) \$ _____
 (Value) (Value) (Value)

HAS THE PROPERTY BEEN LISTED FOR SALE SINCE YOUR PURCHASE? (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.)

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 ON OR BEFORE JUNE 1, 2026