



TOWN OF  
MANSFIELD

2020

Annual Income and  
Expense Report

RETURN TO

ASSESSOR'S OFFICE  
Audrey P. Beck Municipal Building  
4 South Eagleville Road  
Mansfield, CT 06268  
Email • [Assessor](mailto:Assessor)  
TEL • (860) 429-3311  
FAX • (860) 429-7785

**FILING INSTRUCTIONS** – The Assessor's Office is preparing for the revaluation of all real property located in Mansfield. In an effort to, fairly assess your real property, information regarding the property income and expenses is required. Connecticut General Statutes §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 in accordance with §12-3c(b), which provides that actual rental and operating expenses shall NOT be a public record and is NOT subject to the provisions of Section §1-210 (Freedom of Information).**

**Please complete and return the completed form to the Mansfield Assessor's Office on or before June 1, 2021.** 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 2020.** **TYPE/USE OF LEASED SPACE:** Indicate how the leased space is being utilized (i.e., office, retail, warehouse, restaurant, garage, etc.). **ESC/CAM/OVERAGE:** (Circle 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 from the common area property. **OVERAGE:** Additional fee or rental income, typically based on a percent of sales or income. **PROPERTY EXPENSES & UTILITIES PAID BY TENANT:** Indicate what, if any, of the property expenses & utilities the tenant is responsible for paying. Abbreviations may be used. (i.e. "RE" for real estate taxes & "E" for electricity). **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 spaces rented for daylight hours to one tenant, and evening hours to another, need to be complete under each tenant's name. **OPTION PROVISIONS/BASE RENT INCREASE:** Indicate the percentage or increment and time period. **INTERIOR FINISH:** Indicate whether ownership of owner or tenant and the cost. **VERIFICATION OF PURCHASE PRICE:** Form must be complete if the property was, acquired on or after January 1, 2020.

**WHO SHOULD FILE** – All individuals and businesses receiving this form should complete and return this form to the Assessor's Office. If you believe that you are not required to fill out this form, please email: [assessor@mansfieldct.org](mailto:assessor@mansfieldct.org) to discuss your special situation. All properties which 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 portion of the property is under lease and partially owner occupied, this report must be completed, and be returned to the Assessor.

**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 FOLLOWING BOX**

**HOW TO FILE** – Each summary page should reflect information for a single property for the year of 2020. If you own more than one rental property, a separate report/form, must be complete for each property in this jurisdiction. An income and expense report summary page and the appropriate Income Schedule A and/or B, must be complete for each rental property. Income Schedule A must be complete for apartment rental property and Schedule B, must be complete for all other rental properties. **All property owners must sign and return THIS FORM to the Mansfield Assessor's office on or before June 1, 2021 to avoid the Ten Percent (10%) penalty.** \*\*\*\*POSTMARKS NOT ACCEPTED\*\*\*\*

**RETURN TO THE ASSESSOR BEFORE JUNE 1, 2021**

# 2020 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. Rental | 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 – 2020

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. **NET EFFECTIVE ANNUAL INCOME** (Line 18 Minus Line 19) \_\_\_\_\_

## EXPENSES – 2020

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** (Lines 20 Minus Line 36) \_\_\_\_\_  
 38. Capital Expenses \_\_\_\_\_  
 39. Real Estate Taxes \_\_\_\_\_  
 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 (Section 12-63c(d) of the Connecticut General Statutes).

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
NAME (Print)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
TELEPHONE

**RETURN TO THE ASSESSOR BEFORE JUNE 1, 2021 TO AVOID THE 10% PENALTY**

# SCHEDULE A – 2020 APARTMENT RENT SCHEDULE

Complete this Section for Apartment Rental activity only.

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



# SCHEDULE B – 2020 LESSEE RENT SCHEDULE

Complete this Section for all other rental activities excluding apartment rentals.

NAME OF TENANT	LOCATION OF LEASED SPACE	TYPE/USE OF LEASED SPACE	LEASE TERM			ANNUAL RENT				PROPERTY EXPENSES AND UTILITIES PAID BY TENANT
			START DATE	END DATE	LEASED SQ. FT.	BASE RENT	ESC/CAM/OVERAGE	TOTAL RENT	RENT PER SQ. FT.	
<b>TOTAL</b>										

**COPY AND ATTACH ADDITIONAL PAGES IF NEEDED**