



Town of  
Mansfield

**2025**

**ANNUAL INCOME AND  
EXPENSE REPORT  
SKILLED NURSING FACILITY**

**RETURN TO**

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

Owner	_____	Property Name	_____
Mailing Address	_____	Property Location	_____
City/State/Zip	_____	Map/Block/Lot	_____

**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 §12-63c(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, 2026.** 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.

**All property owners must sign and return THIS FORM to the Mansfield Assessor's office on or before June 1, 2026 to avoid the Ten Percent (10%) penalty. \*\*\*\*POSTMARKS NOT ACCEPTED\*\*\*\***

**PROPERTY INFORMATION**

Total Number of Rooms	_____	Actual Year Built	_____
Number of Licensed Beds	_____	Year Remodeled	_____

**INCOME-2024** (Potential Gross Income at 100% Occupancy)

Type of Patient		Daily Reimbursement Rates	Census (# Patient Days)	Annual Income
Private Pay	Private			
	Semi-Private			
	Wards			
VA	Skilled			
	Intermediate			
HMO	Semi-Private			
Medicare	Semi-Private			
Medicaid	Semi-Private			

Potential Annual Rental Income (Full Occupancy)	\$ _____
Ancillary Income	\$ _____
Total Potential Gross Income	\$ _____
Annualized Vacancy and Collection Loss	\$ _____
<b>1. Effective Gross Income</b>	<b>\$ _____</b>

**RETURN TO THE ASSESSOR BEFORE JUNE 1, 2026**

**EXPENSES- 2026**

Administrative/Marketing/Activities	\$
Food Service	\$
Housekeeping and Laundry	\$
Nursing and Personal Care	\$
Supplies	\$
Insurance	\$
Maintenance and Janitorial	\$
Utilities	\$
Administrative/Legal/Accounting	\$
Management Fees	\$
Reserves for replacement	\$
Other (Please explain)	\$
<b>2. Total Annual Operating Expenses</b>	<b>\$</b>
<b>3. Net Operating Income</b> (1.Total annual income – 2. Total annual expenses = 3. NOI)	<b>\$</b>
Capital Expenses	\$
Real Estate Taxes	\$
Personal Property Taxes	\$
Mortgage Payment (Principal and Interest)	\$
Depreciation	
Amortization	

Do any of the figures reported include capital expenditures or extraordinary costs, which vary from typical operating expenses? If yes, please explain:

Yes  No

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Comments or Additional Information (may be attached):

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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/TITLE (Print)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
EMAIL

\_\_\_\_\_  
TELEPHONE



**RETURN TO THE ASSESSOR BEFORE JUNE 1, 2026**