

RETURN TO THE OFFICE OF THE ASSESSOR ON OR BEFORE JUNE 1, 2021

FAILURE TO FILE WILL RESULT IN A 10% PENALTY ON YOUR SUBSEQUENT TAX BILL!

NORWALK
THE RIGHT PLACE ■ THE RIGHT TIME
DEPARTMENT OF FINANCE
 OFFICE OF THE ASSESSOR

2020 ANNUAL INCOME & EXPENSE REPORT

FOR THE YEAR JANUARY 1 THROUGH DECEMBER 31, 2020 OR
OTHER TAX YEAR BEGINNING _____, 20 _____,
ENDING _____, 20 _____

Parcel Number:
 Street Location:
 Land Use Code:

Owner:
 Address:

I DO HEREBY DECLARE UNDER THE 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 OF THE INCOME AND EXPENSES ATTRIBUTABLE TO THE ABOVE IDENTIFIED PROPERTY. §12-63c OF THE CONNECTICUT GENERAL STATUTES.

Signature _____ Name (Print) _____
 (Owner or Agent)
 Title _____ Date _____ Telephone _____
 Email _____

PLEASE KEEP A COPY OF THE REPORT SUBMITTED FOR YOUR RECORDS.

FOR QUESTIONS CONCERNING THIS REPORT:
 PHONE: (203) 854-7888 FAX: 203-854-7986

MAIL OR HAND DELIVER THIS REPORT TO:
 OFFICE OF THE ASSESSOR, CITY HALL, 125 EAST AVENUE, ROOM 106, NORWALK, CT 06851

FILING INSTRUCTIONS:
 1) PROPERTY FOR WHICH A REPORT MUST BE FILED:
 All property which is rented or leased, including commercial, retail, industrial and apartment property EXCEPT "such property containing not more than six dwelling units and in which the owner resides"(12-63b C.G.S.). If not owner occupied, a report must be filed for apartment property totaling five (5) or more dwelling units. If a non-residential property is partially rented and partially owner occupied, this report must be filed.

This report should reflect information for a single property, for the one-year indicated above. If you own more than one rental property, a separate report must be filed for each property in the City of Norwalk. If two or more buildings of similar use are on a single property, they may be filed on one form.

If entirely owner occupied, write "OWNER OCCUPIED" in line #1, sign, date and return to the Assessor's office.

2) HOW TO FILE
 An "Income and Expense Report" in its entirety must be completed for each rental property. Multi-Family property owners should see M-58 APARTMENT at the lower right hand corner of this page. Hotel, Nursing Home and Elderly Home owners should see M-58 HOTEL at the lower right hand corner of this page. All other property owner's should see M-58 ALL at the lower right hand corner of this page. If you do not have the correct form or need additional forms, please call or send a fax, or come to the office for the form(s) you need.

EXPENSE SUMMARY
 When completing this section, be sure to exclude depreciation. Depreciation is not a pertinent expense for the purposes of this report.

DATA SUMMARY

1) PROPERTY USE PLEASE PROVIDE COMPLETE DESCRIPTION, E.G., OFFICE, RETAIL, INDUSTRIAL, SHOPPING CENTER, ETC...			
DATA ITEM	UNITS	DATA ITEM	UNITS
2) GROSS BUILDING AREA: (SQUARE FOOTAGE)		6) YEAR REMODELED #2: (YEAR & DESCRIPTION)	
3) NET LEASEABLE AREA: (SQUARE FOOTAGE)		7) OWNER OCCUPIED AREA: (SQUARE FOOTAGE)	
4) YEAR BUILT: (E.G., 2001)		8) PARKING SPACES: (NUMBER OF/COUNT)	
5) YEAR REMODELED #1: (YEAR & DESCRIPTION)		9) NUMBER OF TENANTS: (COUNT:LEASEABLE UNITS)	

VERIFICATION OF PURCHASE PRICE

ITEM	AMOUNT	ITEM	AMOUNT	ITEM	DATE
10) PURCHASE PRICE:		11) DOWN PAYMENT:		12) DATE OF PURCHASE:	

REMARKS (EXPLAIN ANY SPECIAL CIRCUMSTANCES FOR YOUR PURCHASE):

QUESTION	ITEM	AMOUNT	ITEM	AMOUNT	
13) DOES THE PURCHASE PRICE INCLUDE A PAYMENT FOR:	14) FURNITURE:		15) EQUIPMENT:		
QUESTION				PLEASE CIRCLE	
16) HAS THE PROPERTY BEEN LISTED FOR SALE SINCE YOUR PURCHASE?				YES or NO	
ITEM	AMOUNT	ITEM	DATE	ITEM	RESPONSE
17) ASKING PRICE:		18) DATE LISTED:		19) BROKER'S NAME:	

Please provide the information requested in the area to the right of the question.

PARCEL NUMBER:

***INCOME DETAIL & SUMMARY**

1) NAME OF TENANT	2) LOCATION OF SPACE, E.G., UNIT #	3) LEASE TERM			4) ANNUAL RENT		5) PARKING		6) INTERIOR FINISH	
		BEGIN (MM/YY)	END (MM/YY)	SQUARE FEET	BASE RENT	*ESC/CAM/OVERAGE	# SPACES	ANNUAL RENT	**OWNER/TENANT	COST
CATEGORY		ANNUAL AMOUNT			CATEGORY		ANNUAL AMOUNT			
8) OFFICE RENTAL INCOME: (ANNUAL)					9) RETAIL RENTAL INCOME:					
11) INDUSTRIAL RENTAL INCOME:					12) SHOPPING CENTER RENTAL INCOME:					
13) MIXED USE RENTAL INCOME:					14) OTHER RENTAL INCOME:					
15) PARKING RENTAL INCOME:					16) OTHER PROPERTY INCOME:					
		SUMMARY ITEM			AMOUNT		* ESC = ESCALATION * CAM = COMMON AREA MAINTENANCE ** INDICATE WHETHER OWNER OR TENANT PAID FOR COST OF TENANT AREA FINISH			
		17) TOTAL POTENTIAL GROSS INCOME: (ADD LINES 8 THROUGH 16)								
		18) LOSS DUE TO VACANCY: (ANNUAL)								
		19) LOSS DUE TO CREDIT: (ANNUAL)								
		20) EFFECTIVE GROSS INCOME: (SUBTRACT LINES 18 & 19 FROM LINE 17)								

* If you own a Dock or Mooring, please provide a separate list of Income and Expenses for each Dock and each Mooring.

EXPENSE SUMMARY

EXPENSE ITEM	AMOUNT	EXPENSE ITEM	AMOUNT
MANAGEMENT		CONSTRUCTION	
1) MANAGEMENT FEE		21) DECORATING	
2) LEASING & ADVERTISING		22) REPAIRS & MAINTENANCE	
3) LEGAL		23) TENANT ALLOWANCE	
4) ACCOUNTING		FIXED EXPENSE	
5) PAYROLL		24) INSURANCE	
GENERAL		25) LAND RENT	
6) SNOW REMOVAL		26) SECURITY	
7) BUILDING SUPPLIES		OTHER EXPENSES	
8) TRASH		27) RESERVES FOR REPLACEMENT	
9) MISCELLANEOUS		28) OTHER #1 (SPECIFY):	
CLEANING		29) OTHER #2 (SPECIFY):	
10) WAGES		30) OTHER #3 (SPECIFY):	
11) SUPPLIES		SUBTOTAL LINES 1 THROUGH 30	
12) CONTRACT SERVICES		NON-DEDUCTABLE EXPENSES	
13) OTHER CLEANING COSTS		31) CAPITAL EXPENDITURES	
UTILITIES		32) FURNITURE & FIXTURES	
14) HEAT		33) REAL ESTATE TAX	
15) ELECTRIC		34) OTHER TAX	
16) AIR CONDITIONING		35) MORTGAGE PAYMENTS	
17) WATER			
18) SEWER			
19) ELEVATOR MAINTENANCE			
20) OTHER UTILITIES			
36) TOTAL NON-DEDUCTABLE EXPENSES (ADD LINES 31 -35)			
37) OPER. EXP. BEFORE RE TAXES (ADD LINES 1 THROUGH 30)			
38) NET OPERATING INCOME (SUBTRACT OPERATING EXPENSES FROM EFFECTIVE GROSS INCOME)			

Please provide the information requested in the area to the right of the question.