

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

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 APT 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.

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

DATA SUMMARY

1) PROPERTY USE PLEASE PROVIDE COMPLETE DESCRIPTION, E.G., OFFICE, RETAIL, INDUSTRIAL, SHOPPING CENTER.			
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:

APARTMENT INCOME DETAIL & SUMMARY

1) UNIT TYPE	2) NUMBER OF UNITS		3) ROOM COUNT		4) AVERAGE UNIT SQUARE FOOTAGE	5) AVERAGE RENT PER MONTH	6) TOTAL RENT PER MONTH	7) TYPICAL LEASE TERM
	TOTAL	RENTED (NOT VACANT)	TOTAL ROOMS	TOTAL BATHS				
EFFICIENCY (STUDIO)								
1 BEDROOM								
2 BEDROOMS								
3 BEDROOMS								
4 BEDROOMS								
OTHER RENTABLE UNITS								
OWNER, MANAGER, OR JANITOR UNIT(S)								
CATEGORY		AMOUNT	CATEGORY		AMOUNT			
8) APARTMENT INCOME (ANNUAL)			9) OTHER RENTAL INCOME (ANNUAL)					
10) PARKING RENTAL INCOME (ANNUAL)			11) OTHER PROPERTY INCOME (ANNUAL)					
SUMMARY ITEM			AMOUNT		Please place checkmark in the box to the right of the items below that are included in the rent.			
12) NUMBER OF PARKING SPACES					HEAT	<input type="checkbox"/>	MICROWAVE	<input type="checkbox"/>
13) TOTAL POTENTIAL GROSS INCOME (ADD LINES 8 THROUGH 11)					ELECTRICITY	<input type="checkbox"/>	FURNITURE	<input type="checkbox"/>
14) LOSS DUE TO VACANCY (ANNUAL)					OTHER UTILITIES	<input type="checkbox"/>	WATER & SEWER	<input type="checkbox"/>
15) LOSS DUE TO CREDIT (ANNUAL)					AIR CONDITIONING	<input type="checkbox"/>	OTHER #2 (SPECIFY)	<input type="checkbox"/>
					STOVE	<input type="checkbox"/>		
					REFRIGERATOR	<input type="checkbox"/>		
16) EFFECTIVE GROSS INCOME (SUBTRACT LINES 14 & 15 FROM LINE 13)					DISHWASHER	<input type="checkbox"/>	OTHER #3 (SPECIFY)	<input type="checkbox"/>
					GARBAGE DISPOSAL	<input type="checkbox"/>		
					SECURITY	<input type="checkbox"/>		
					POOL	<input type="checkbox"/>	OTHER #4 (SPECIFY)	<input type="checkbox"/>
					TENNIS COURTS	<input type="checkbox"/>		
					CABLE TV	<input type="checkbox"/>		

* 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		24) CAPITAL EXPENDITURES	
5) PAYROLL		FIXED EXPENSE	
GENERAL		25) INSURANCE	
6) SNOW REMOVAL		26) LAND RENT	
7) BUILDING SUPPLIES		27) SECURITY	
CLEANING		OTHER EXPENSES	
8) TRASH		28) RESERVES FOR REPLACEMENT	
9) MISCELLANEOUS		29) OTHER #1 (SPECIFY):	
10) WAGES		30) OTHER #2 (SPECIFY):	
11) SUPPLIES		31) OTHER #3 (SPECIFY):	
12) CONTRACT SERVICES		SUBTOTAL LINES 1 THROUGH 31	
13) OTHER CLEANING COSTS			
UTILITIES		NON-DEDUCTABLE EXPENSES	
14) HEAT		32) FURNITURE & FIXTURES	
15) ELECTRIC			
16) AIR CONDITIONING		33) REAL ESTATE TAX	
17) WATER			
18) SEWER		34) OTHER TAX	
19) ELEVATOR MAINTENANCE			
20) OTHER UTILITIES		35) MORTGAGE PAYMENTS	
36) TOTAL NON-DEDUCTABLE EXPENSES (ADD LINES 32 -35)			
37) OPER. EXP. BEFORE RE TAXES (ADD LINES 1 THROUGH 31)			
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.