



Board of Assessors
Town of
Street
Town, MA ZIP
Date:

Parcel Information:

All information supplied is confidential and protected from public disclosure. [CH 59 S52B] Return this form within sixty (60) days.

Dear Property Owner:

The Board of Assessors is requesting INCOME AND EXPENSE information on COMMERCIAL, INDUSTRIAL, and APARTMENT (residential) properties to help us determine equitable values for assessment purposes. This request is for income and expense information relative to the operation of **real estate** and not the business use with the real estate.

We appreciate the cooperation shown to the Board in the past.

When determining income producing property values, the Board must weigh financial as well as physical attributes. By completing and returning the enclosed form, you help ensure the development of a sound basis to estimate the income approach to value. Please be aware that this information will be used only to determine 'market' income and expense levels for commercial and industrial properties and apartments. In accordance with State Law, all information listed on the forms is **not** available to the public for inspection. [CH 59 S52B]

While it is in the best interest of property owners to contribute to the establishment of fair assessments, Massachusetts Law also requires such disclosure:

Section 38D of Chapter 59

Written Return of Information to Determine Valuation of Real Property

A board of assessors may request the owner or lessee of any real property to make a written return under oath within *sixty days* containing such information as may reasonably be required by it to determine the actual fair cash valuation of such property.

Failure of an owner or lessee of real property to comply with such request within 60 days after it has been made by the board of assessors shall be automatic grounds for dismissal of a filing at the appellate tax board. The appellate tax board and the county commissioners shall not grant extensions for the purposes of extending the filing requirements unless the applicant was unable to comply with such request for reasons beyond his control or unless he attempted to comply in good faith. If any owner or lessee of real property in a return made under this section makes any statement which he knows to be false in a material particular, such false statement shall bar him from any statutory appeal under this chapter.

If an owner or lessee of Class one, residential (e.g. apartment) property fails to submit the information within the time and in the form prescribed, the owner shall be assessed an additional penalty for the next ensuing tax year in the amount of \$50 but only if the board of assessors informed the owner or lessee that failure to submit such information would result in the penalty.

If an owner or lessee of Class three, commercial or Class four, industrial property fails to submit the information within the time and in the form prescribed, the owner or lessee shall be assessed an additional penalty for the next ensuing tax year in the amount of **\$250** but only if the board of assessors informed the owner or lessee that failure to so submit such information would result in the penalty.

Please note: Massachusetts General Law provides that failure to respond timely and accurately to this information request within sixty (60) days of the postmarked date shall cause you to lose your right to appeal your assessment.

The Board of Assessors thanks you for your cooperation.

I certify under the pains and penalties of perjury that the information supplied herewith is true and correct:

Submitted by: _____ Title: _____ Phone: _____

Signature: _____ Date : ____/____/____

Annual Expenses for All Property Uses

Parcel ID:	Location:		Expenses for Calendar Year:	
	Landlord Amount	Tenant Amount	Landlord Amount	Tenant Amount
Management & Administrative				
Management Wages or Fee	\$	\$		\$
Legal & Accounting	\$	\$		\$
Security Wages	\$	\$		\$
Payroll	\$	\$		\$
Group Insurance	\$	\$		\$
Telephone	\$	\$		\$
Advertising	\$	\$		\$
Commissions	\$	\$		\$
Other	\$	\$		\$
Total	\$	\$		\$
Repairs & Alterations				
Exterior	\$	\$		
Interior	\$	\$		\$
Mechanical	\$	\$		\$
Electrical	\$	\$		\$
Plumbing	\$	\$		\$
Total	\$	\$		\$
Utilities				
Electricity	\$	\$		\$
Gas	\$	\$		\$
Oil	\$	\$		\$
Water	\$	\$		\$
Sewer	\$	\$		\$
Total	\$	\$		\$
Other Expenses				
Real Estate Taxes	\$	\$		\$
Reserve for Replacement	\$	\$		\$
Apartments for Employees	\$	\$		\$
Insurance (1 yr. Premium)	\$	\$		\$
Total	\$	\$		\$
Capital Improvements				
Description				
Exterminator	\$	\$		\$
Snow Removal	\$	\$		\$
Rubbish Removal	\$	\$		\$
Grounds Keeping	\$	\$		\$
Maint. Service Contract Fee	\$	\$		\$
Supplies	\$	\$		\$
Wages	\$	\$		\$
Total	\$	\$		\$
Comments:				

Property Location:

COMMERCIAL & INDUSTRIAL PROPERTY

Income for Calendar Year:

Parcel ID:

Lease / Rental Terms

Tenant Name	Use	Floor Level	Leased Area (Sq. Ft.)	Gross, Net Or NNN	Lease Start Date (Month/Yr)	Lease End Date (Month/Yr)	Renewal Options	Overage or Percentage	Escalation Clause	Monthly Rent	Annual Rent
OTHER INCOME: Cell Towers, Billboards, Vending, Parking											
Source				Monthly Amount		Annual Collected	Comments:				
				\$		\$					
				\$		\$					
				\$		\$					

Calendar Year Income Summary

Total Potential Gross Income	Total Concessions	Total Vacancies	Total Collection Loss	Total Parking Income	Total Other Income	Total Rent Collected
\$	(\$)	(\$)	(\$)	\$	\$	\$

Property Location:

Mixed Use Property

Calendar Year:

Parcel ID:

Rental Income Statement

Commercial Lease Information: Please provide information on current leases as of January 1st.

Lease Terms

Floor Level	Tenant Name	Type of Space	Leased Area (Sq. ft.)	Rent per SF on Jan. 1st	Annual Rent	Start Date (Mo/Yr)	Term in years	Basis Gross, Net, NNN
				\$	\$			
				\$	\$			
				\$	\$			
				\$	\$			
				\$	\$			
				\$	\$			
				\$	\$			
				\$	\$			
				\$	\$			
				\$	\$			

Residential Rental Information: Please provide the following rental information.

The effective reporting date is January 1st.

Rent Incentives

Lease Terms

Unit Type	Total # of Units	Rent per Month	Annual Rent	Free Rent	Free # of Months	Lease Start Date (Mo/Yr)	Heat (Y/N)	Elect (Y/N)	Lease or TAW
Studio		\$		\$					
		\$		\$					
One Bedroom		\$		\$					
		\$		\$					
Two Bedroom		\$		\$					
		\$		\$					
Three Bedroom		\$		\$					
		\$		\$					
Four Bedroom		\$		\$					
		\$		\$					
Weekly		\$		\$					
		\$		\$					

I certify under the pains and penalties of perjury that the information supplied herewith is true and correct:

Submitted by: _____ Title: _____ Phone: _____

Signature: _____ Date: _____