

**RETURN TO THE OFFICE OF THE ASSESSOR ON OR BEFORE JUNE 1, 2022*****FAILURE TO FILE WILL RESULT IN A 10% PENALTY ON YOUR SUBSEQUENT TAX BILL!***

<b>NORWALK</b> THE RIGHT PLACE ■ THE RIGHT TIME DEPARTMENT OF FINANCE OFFICE OF THE ASSESSOR	<b>2021 ANNUAL INCOME &amp; EXPENSE REPORT</b> FOR THE YEAR JANUARY 1 THROUGH DECEMBER 31, 2021 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 _____  <u>PLEASE KEEP A COPY OF THE REPORT SUBMITTED FOR YOUR RECORDS.</u>  <b>FOR QUESTIONS CONCERNING THIS REPORT:</b> PHONE: (203) 854-7888 FAX: (203) 854-7986	<b>FILING INSTRUCTIONS:</b> 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 <u>five (5) or more</u> 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 <u>single</u> 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.  <b>If entirely owner occupied, write "OWNER OCCUPIED" in line #1, sign, date and return to the Assessor's office.</b>  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.  <b>EXPENSE SUMMARY</b> When completing this section, be sure to exclude depreciation. Depreciation is not a pertinent expense for the purposes of this report.
<b>MAIL OR HAND DELIVER THIS REPORT TO:</b> OFFICE OF THE ASSESSOR, CITY HALL, 125 EAST AVENUE, ROOM 106, NORWALK, CT 06851	

**DATA SUMMARY**

<b>1) PROPERTY USE</b> PLEASE PROVIDE COMPLETE DESCRIPTION, E.G., OFFICE, RETAIL, INDUSTRIAL, SHOPPING CENTER.			
<b>DATA ITEM</b>	<b>UNITS</b>	<b>DATA ITEM</b>	<b>UNITS</b>
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**

<b>ITEM</b>	<b>AMOUNT</b>	<b>ITEM</b>	<b>AMOUNT</b>	<b>ITEM</b>	<b>DATE</b>
10) PURCHASE PRICE:		11) DOWN PAYMENT:		12) DATE OF PURCHASE:	
REMARKS (EXPLAIN ANY SPECIAL CIRCUMSTANCES FOR YOUR PURCHASE):					
<b>QUESTION</b>	<b>ITEM</b>	<b>AMOUNT</b>	<b>ITEM</b>	<b>AMOUNT</b>	
13) DOES THE PURCHASE PRICE INCLUDE A PAYMENT FOR:	14) FURNITURE:		15) EQUIPMENT:		
<b>QUESTION</b>					<b>PLEASE CIRCLE</b>
16) HAS THE PROPERTY BEEN LISTED FOR SALE SINCE YOUR PURCHASE?					YES or NO
<b>ITEM</b>	<b>AMOUNT</b>	<b>ITEM</b>	<b>DATE</b>	<b>ITEM</b>	<b>RESPONSE</b>
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)									
<b>CATEGORY</b>		<b>AMOUNT</b>		<b>CATEGORY</b>		<b>AMOUNT</b>			
8) APARTMENT INCOME (ANNUAL)				9) OTHER RENTAL INCOME (ANNUAL)					
10) PARKING RENTAL INCOME (ANNUAL)				11) OTHER PROPERTY INCOME (ANNUAL)					
<b>SUMMARY ITEM</b>				<b>AMOUNT</b>		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
<b>MANAGEMENT</b>		<b>CONSTRUCTION</b>	
1) MANAGEMENT FEE		21) DECORATING	
2) LEASING & ADVERTISING		22) REPAIRS & MAINTENANCE	
3) LEGAL		23) TENANT ALLOWANCE	
4) ACCOUNTING		24) CAPITAL EXPENDITURES	
5) PAYROLL		<b>FIXED EXPENSE</b>	
<b>GENERAL</b>		25) INSURANCE	
6) SNOW REMOVAL		26) LAND RENT	
7) BUILDING SUPPLIES		27) SECURITY	
8) TRASH		<b>OTHER EXPENSES</b>	
9) MISCELLANEOUS		28) RESERVES FOR REPLACEMENT	
<b>CLEANING</b>		29) OTHER #1 (SPECIFY):	
10) WAGES		30) OTHER #2 (SPECIFY):	
11) SUPPLIES		31) OTHER #3 (SPECIFY):	
12) CONTRACT SERVICES		<b>SUBTOTAL LINES 1 THROUGH 31</b>	
13) OTHER CLEANING COSTS			
<b>UTILITIES</b>		<b>NON-DEDUCTABLE EXPENSES</b>	
14) HEAT		32) FURNITURE & FIXTURES	
15) ELECTRIC		33) REAL ESTATE TAX	
16) AIR CONDITIONING		34) OTHER TAX	
17) WATER		35) MORTGAGE PAYMENTS	
18) SEWER			
19) ELEVATOR MAINTENANCE			
20) OTHER UTILITIES			
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.	