



TOWN OF CANTON - 2019 ANNUAL INCOME AND EXPENSE REPORT SUMMARY FORM

Location of Property: _____ Unique : _____
 Owners Name: _____ Mailing Street Address: _____
 City/Town: _____ State: _____ Zip: _____

ATTACH ONE OF THE FOLLOWING FROM YOUR IRS DOCUMENTS: Form 1120; 8825; Sched E, or an audited tax return for 2019

PRIMARY USE (check one)	Office _____ Retail _____
Ind/Mfg _____ Whse _____ Mixed _____ Other _____	

GENERAL INFORMATION	
Total GROSS Building Area (sq. ft.)	
Total NET Leaseable Area (sq. ft.)	
Owner-Occupied Area (sq. ft.)	
Number of Rental Units	

REVENUE	
Apartment Rentals	\$ _____
Industrial Rentals	\$ _____
Misc Income (explain) _____	\$ _____
Mixed Rentals	\$ _____
Office Rentals	\$ _____
Other Rentals	\$ _____
Parking Rentals	\$ _____
Retail Rentals	\$ _____
TOTAL REVENUE COLLECTED IN 2019	\$ _____
NET OPERATING INCOME (NOI) FOR 2019	\$ _____

EXPENSES	
Advertising	\$ _____
Auto and Travel	\$ _____
Cleaning and Maintenance	\$ _____
Commissions	\$ _____
Insurance	\$ _____
Legal and Other Professional Fees	\$ _____
Repairs	\$ _____
Utilities	\$ _____
Wages and Salaries	\$ _____
Other- ** (not including Taxes, Mortgage, Depreciation, Debt)**	\$ _____
TOTAL EXPENSES IN 2019	\$ _____

*****IF 100 % OWNER OCCUPIED WITH NO RENTAL INCOME, PLEASE CHECK OFF THAT BOX ON PAGE 3, SIGN, AND RETURN WITH THIS PAGE*****

****** DUE NO LATER THAN
AUGUST 15, 2020 ******

APARTMENT RENTAL INFORMATION (if applicable)

Check all the apply: Heat _____ Pool _____ Stove/Fridge _____ Garbage Disposal _____ Electricity _____ Dishwasher _____
 Parking _____ Security _____ Tennis Court _____ Air Conditioning _____ Furnished _____ Other Utilities _____

Unit Type	# of units	Avg. sq. ft.	Asking Rent	Comments
1 Bedroom				
2 Bedroom				
3 Bedroom				
4 Bedroom				
Rooming House				
Efficiency				
Studio				

COMMERCIAL TENANT INFORMATION (if applicable)

List each tenant by business name	Unit/ Ste. #	Floor	Period (monthly, quarterly, annual)	Term	Start MM/ YY	Sq. Ft.	USE (Office, Retail, Restaurant, etc.)	Annual Rent	Net or Gross

Comments: _____

VERIFICATION OF SALES PRICE AND FINANCING

(COMPLETE THIS SECTION ONLY IF THE PROPERTY WAS ACQUIRED OR REFINANCED AFTER JUNE 1, 2018)

PURCHASE PRICE \$ _____ DOWN PAYMENT \$ _____ DATE OF PURCHASE _____
DATE OF LAST APPRAISAL _____ APPRAISAL FIRM _____ APPRAISED VALUE \$ _____

(Check One)

FIRST MORTGAGE	\$ _____	INTEREST RATE	_____ %	PAYMENT SCHEDULE TERM	_____ YEARS
SECOND MORTGAGE	\$ _____	INTEREST RATE	_____ %	PAYMENT SCHEDULE TERM	_____ YEARS
OTHER	\$ _____	INTEREST RATE	_____ %	PAYMENT SCHEDULE TERM	_____ YEARS
CHATTEL MORTGAGE	_____	INTEREST RATE	_____ %	PAYMENT SCHEDULE TERM	_____ YEARS

Fixed	Variable

DID THE PURCHASE PRICE INCLUDE: FURNITURE? (VALUE) \$ _____ EQUIPMENT? (VALUE) \$ _____ OTHER (SPECIFY) \$ _____

PROPERTY CURRENTLY LISTED FOR SALE OR LEASE? YES ___ NO ___ LISTING AGENCY _____ DATE LISTED _____

BROKER/AGENCY NAME _____ TELEPHONE _____ IF YES, LIST THE ASKING PRICE \$ _____

Please explain any special circumstances or factors regarding the purchase or sale price (i.e., vacancy, physical conditions, terms of sale, etc.)

ATTESTATION

Was this property 100% owner-occupied and NO rental income was received from any tenants in 2019? YES _____ NO _____

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 _____	Title _____	Date _____
Name (Print) _____	Tel # _____	Email _____

PENALTIES: A property owner failing to file or files an incomplete or false information, is subject to a penalty equal to a **ten percent (10%) increase in the assessed value of such property** and will result in a **10% tax increase** for the July 1, 2019 to June 30, 2020 tax period. ***This form must be received not later than JUNE 1, 2019.*** **DEADLINE EXTENDED TO AUGUST 15, 2020**