



Office of The Springfield Board of Assessors

Stephen P. O'Malley, Chairman

Richard J. Allen

Margaret A. Lynch

Springfield City Hall 36 Court Street

Springfield, Massachusetts 01103

Telephone 413-787-6164

Facsimile 413-787-7721

June 1, 2008

All information supplied is confidential and is protected from public disclosure. [Chapter 59 Sec. 52B]

RETURN THIS FORM WITHIN SIXTY (60) DAYS OF MAILING

RETURN DUE DATE AUGUST 1, 2008

QUESTIONS, PLEASE CALL 413-787-6164

Dear Property Owner:

The Board of Assessors is requesting INCOME AND EXPENSE information on Commercial, Industrial and Apartment properties to help us determine fair and equitable values for assessment purposes. This request is for income and expense information relative to the operation of real estate only and not the business occupying the real estate. We appreciate the cooperation that you have extended to the Board in the past.

When determining commercial 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 fair market value of all properties. Please be aware that this information will be used only to determine 'market' income and expense levels for income producing properties. In accordance with State Law, all information listed on the forms is **not** available to the public for inspection. [CH 59 S 52B]

While it is in the best interest of property owners to contribute to the establishment of the assessments, Massachusetts Law require such disclosure. The Legislature has recognized that Assessors need rent and expense information to determine values on income producing property (*see below*). The Appellate Tax Board has dismissed tax appeals from taxpayers who have failed to respond to requests of this nature. We urge your cooperation in submitting the requested information.

If the property is **OWNER OCCUPIED**, and you do not pay rent as such, you **MUST** indicate that on the income form. You **MUST** still complete the expense side of the form.

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 be reasonably 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 a request within sixty days after it has been made shall bar him from any statutory appeal under this chapter, unless such owner or lessee was unable to comply with such request for reasons beyond his control. If any owner or lessee of real property in a return made under this section makes any statement that 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 real property fails to submit such information within the time and in the form prescribed, in addition to any other penalties, there shall be added to the real property tax levied upon the property in question for the next ensuing tax year the amount of **fifty dollars (\$50.00)**; provided, however, that the board of Assessors informed said owner or lessee that failure to submit such information would result in said penalty."*

Please note: Massachusetts General Law provides that failure to respond timely and accurately to this information request with sixty (60) days of the postmarked date shall cause you to lose your right to appeal your assessment and will result in the levy of fifty dollars (\$50) penalty. [CH 59 S38D]

The Board of Assessors thanks you for your cooperation.

SIGN AND DATE THIS FORM. PLEASE RETURN IT WITH YOUR INCOME & EXPENSE STATEMENTS

I declare that to the best of my knowledge and belief, this return is true, correct and complete.

Submitted by: _____ Title _____ Phone _____

Signature _____ Date _____

Return to: Assessors Office 36 Court St Spfld MA 01103 RETURN DUE DATE AUGUST 1, 2008		City of Springfield FY 2009 Apartment Property Income Statement	
FOR ASSESSORS USE ONLY	Location	Parcel ID	Contact Name & Phone
	If this property is OWNER OCCUPIED, please indicate the owner and business name. YOU MUST STILL COMPLETE THE FORM FOR EXPENSES.		
Owner Name:		Business Name:	

Please provide the following information on your property. Use additional sheets if necessary. If you prefer to use your own computer rent roll or spreadsheets, please use this format as a guide. FOR MORE INFORMATION OR TO ANSWER QUESTIONS, PLEASE CALL 413-787-6164.

Provide the following income information for the property during calendar year 1/1/07 through 12/31/07 for FY 2009

APARTMENT LEASE INFORMATION:									
Unit Number / Floor Level	Number of Bedrooms	Number of Full/Half Baths	Heat Included in Rent (Y/N)	Electric Included in Rent (Y/N)	Monthly Rent	Annual Rent	Leased (Y/N)	Furnished or Unfurnished	Subsidy List Amount & Agency

PROPERTY SUMMARY									
Unit Type	Total # of Units	Avg Rent per Month	Average Annual Rent	Owner Occupied Unit(s)	Is income restricted due to government funding or tax credits? Explain program.	Parking Information	Total # of Spaces	Single Space Month Rent	
Studio Units						Indoor			
One Bedroom Units						Outdoor			
Two Bedroom Units						Total			
Three or More Bedroom Units					Comments:				
TOTAL NUMBER OF UNITS									
Total Units Vacant as of 01/01/08									

CALENDAR YEAR INCOME SUMMARY

Total POTENTIAL Gross Rental Income at 100% Occupied (Include Subsidy amount and Source)	Lost Income due to Concessions	Lost Income due to Vacancies	Lost Income due to Collection Loss	Total Actual Rental Income	Total Laundry/Vending/Parking Income	Other Income (Billboard, Cell Tower, etc.)	Total Income Collected All Sources
\$	\$	\$	\$	\$	\$	\$	\$

Pursuant to Mass. General Laws, Chap. 59 Section 38D, this form **MUST** be completed and returned to the Assessors Office within 60 days of mailing.

Failure to comply may result in fines and loss of appeal rights.

SEE REVERSE SIDE FOR EXPENSE INFORMATION

Return to: Assessors Office 36 Court St Spfld MA 01103
RETURN DUE DATE AUGUST 1, 2008

City of Springfield FY 2009 Mixed Use Property Income Statement

FOR ASSESSORS USE ONLY	Location	Parcel ID	Contact Name & Phone
------------------------	----------	-----------	----------------------

If this property is OWNER OCCUPIED, please indicate the owner and business name. YOU MUST STILL COMPLETE THE FORM FOR EXPENSES.

Owner Name: _____ Business Name: _____

Please provide the following information on your property. Use additional sheets if necessary. If you prefer to use your own computer rent roll or spreadsheets, please use this format as a guide. **FOR MORE INFORMATION OR TO ANSWER QUESTIONS, PLEASE CALL 413-787-6164.**

Provide the following income information for the property during calendar year 1/1/07 through 12/31/07 for FY 2009

COMMERCIAL LEASE INFORMATION:

Tenant Name	Floor Level	Use Type	Leased Area (Sq Ft)	Rent Per Sq. Ft.	Annual Rent	Start Date (Month/Yr.)	End Date (Month/Yr.)	Term in Years	Gross, Net or NNN

RESIDENTIAL LEASE INFORMATION:

Unit Type	Total # of Units	Rent per Month	Annual Rent	Incentives		Start Date (Month/Yr.)	End Date (Month/Yr.)	Heat Included (Y/N)	Electric Included (Y/N)
				Free Rent (if applicable)	Free # of Months				
Studio Units									
One Bedroom Units									
Two Bedroom Units									
Three or more Bedrooms									

CALENDAR YEAR INCOME SUMMARY

Total POTENTIAL Gross Income	Total Rent Concessions	Total Vacancies	Total Collection Loss	Total Parking Income	Total Laundry/Vending Income	Other Income (Billboard, Cell Tower, etc.)	Total Rent Collected
\$	\$	\$	\$	\$	\$	\$	\$

Pursuant to Mass. General Laws, Chap. 59 Section 38D, this form **MUST** be completed and returned to the Assessors Office within 60 days of mailing.

Failure to comply may result in fines and loss of appeal rights.
SEE REVERSE SIDE FOR EXPENSE INFORMATION

Return to: Assessors Office 36 Court St Spfld MA 01103
RETURN DUE DATE AUGUST 1, 2008

City of Springfield FY 2009 Commercial & Industrial Property Income Statement

FOR ASSESSORS USE ONLY

Location	Parcel ID	Contact Name & Phone
----------	-----------	----------------------

If this property is OWNER OCCUPIED, please indicate the owner and business name. YOU MUST STILL COMPLETE THE FORM FOR EXPENSES.

Owner Name:	Business Name:
-------------	----------------

Please provide the following information on your property. Use additional sheets if necessary. If you prefer to use your own computer rent roll or spreadsheets, please use this format as a guide. FOR MORE INFORMATION OR TO ANSWER QUESTIONS, PLEASE CALL 413-787-6164.

Provide the following income information for the property during calendar year 1/1/07 through 12/31/07 for FY 2009

Tenant Name	Floor Level	Use Type	Leased Area (Sq Ft)	Rent Per Sq. Ft.	Annual Rent	Gross, Net or NNN	Lease Start Date Month/ Yr.)	Lease End Date Month/ Yr.)	Term in Years	Options
				\$	\$					
				\$	\$					
				\$	\$					
				\$	\$					
				\$	\$					
				\$	\$					
				\$	\$					
				\$	\$					
				\$	\$					
				\$	\$					
				\$	\$					

OTHER INCOME: Cell Towers, Billboards, Vending, Parking, Laundry or Other (please specify)

Source	Monthly Amount	Annual Collected	Additional Comments:
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	

CALENDAR YEAR INCOME SUMMARY

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

Pursuant to Mass. General Laws, Chap. 59 Section 38D, this form **MUST** be completed and returned to the Assessors Office within 60 days of mailing.

Failure to comply may result in fines and loss of appeal rights.

SEE REVERSE SIDE FOR EXPENSE INFORMATION

ANNUAL EXPENSES FOR ALL PROPERTY USES -SPRINGFIELD ASSESSORS OFFICE 413-787-6164

Provide the following income information for the property during calendar year 1/1/07 through 12/31/07 for FY 2009

Location:	Parcel ID	EXPENSES FOR CALENDAR YEAR : 2007 (FY 2009)
-----------	-----------	---

Landlord Amount		Tenant Amount		Landlord Amount		Tenant Amount	
Management & Administrative				Maintenance & Cleaning			
Management Wages or Fees	\$	\$		Wages	\$	\$	
Legal & Accounting	\$	\$		Supplies	\$	\$	
Security Wages	\$	\$		Maint. Service Contract Fee	\$	\$	
Payroll	\$	\$		Grounds Keeping	\$	\$	
Group Insurance	\$	\$		Rubbish Removal	\$	\$	
Telephone	\$	\$		Snow Removal	\$	\$	
Advertising	\$	\$		Exterminator	\$	\$	
Commissions	\$	\$		Other (Explain)	\$	\$	
Other (Explain)	\$	\$			\$	\$	
TOTAL				TOTAL			

Repairs & Alterations			Capital Improvements		
Exterior	\$	\$	Describe Project(s):	\$	\$
Interior	\$	\$		\$	\$
Mechanical	\$	\$		\$	\$
Electrical	\$	\$		\$	\$
Plumbing	\$	\$		\$	\$
Other (Explain)	\$	\$		\$	\$
TOTAL			TOTAL		

Utilities			Other Expenses		
Electrical	\$	\$	Real Estate Taxes	\$	\$
Gas	\$	\$	Reserve for Replacement	\$	\$
Oil	\$	\$	Apartments for Employees	\$	\$
Water/Sewer	\$	\$	Insurance (1yr. Premium)	\$	\$
Other (Explain)	\$	\$	Other (Explain)	\$	\$
TOTAL			TOTAL		

Additional Comments:

I declare that to the best of my knowledge and belief, this return is true, correct and complete.

Signature of Owner/Taxpayer/Agent _____	Telephone Day _____
Print Name _____	Telephone Eve _____
Mailing Address _____	
_____	Date _____

RETURN TO : ASSESSORS OFFICE 36 COURT ST SPRINGFIELD MA 01103 [RETURN DUE DATE AUGUST 1, 2008](#)
*This document **MUST** be signed and dated. In addition, it must be returned to the Assessors Office within 60 days of mailing.
Failure to do so, may result in fines and/or loss of appeal rights.*