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

February 16, 2010

RETURN THIS FORM WITHIN SIXTY (60) DAYS OF MAILING

RETURN DUE DATE APRIL 16, 2010

QUESTIONS, PLEASE CALL 413-787-6164

Dear Property Owner

We request your cooperation in providing information needed to develop property valuations on income type properties in the City of Springfield. By completing the enclosed forms, you will assist the Board of Assessors with determining market levels of rent, vacancy and operating expenses. You also preserve your right to pursue an Appellate Tax Board appeal of your Fiscal Year 2011 property valuations (see information below). Those who fail to return the form are subject to possible dismissal at the ATB as well as a fine of $50 from the City of Springfield.

The form seeks information related to the operation of the real estate and NOT any business occupying the real estate. If you own a business which occupies some or all of the real estate, please indicate that on the form. Massachusetts General Low (Chapter 59, S. 52B) protects any information supplied on the form from public disclosure.

Completed form are due no later than 60 days from mailing, which is **APRIL 16, 2010** at the address stated above. Forms are also available on line at www.springfieldcityhall.com. Click to forms/Finance or Assessors.

If you have any questions, please contact 413-787-6164.

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
MUST BE RETURNED BY APRIL 16, 2010

City of Springfield FY 2011 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 1/1/09 through 12/31/09 for FY 2011

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 expense information for the property during calendar year 1/1/09 through 12/31/09 for FY 2011

Location:	Parcel ID	EXPENSES FOR CALENDAR YEAR : 2009 (FY 2011)

	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

*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.