January 21, 2011

RETURN THIS FORM WITHIN SIXTY (60) DAYS OF MAILING
RETURN DUE DATE MARCH 25, 2011

QUESTIONS, PLEASE CALL 413-787-6164

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 2012 property valuations (see information below). Those who fail to return the completed forms are subject to possible dismissal at the ATB as well as a fine of $250 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 and not your business. If you own a business which occupies some or all of the real estate, please indicate that on the form. Massachusetts General Law (Chapter 59, S. 52B) protects any information supplied on the form from public disclosure.

Completed forms are due no later than 60 days from mailing, which is **MARCH 25, 2011** at the address stated on the reverse. Forms are also available on line at www.springfieldcityhall.com. Click to forms/Finance/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 ***two hundred fifty dollars ($250.00)*** *; 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 two hundred and fifty dollars ($250) penalty. [CH 59 S38D]

The Board of Assessors thanks you for your cooperation. Please see reverse for more information.

Office of the Board Of Assessors

Richard J. Allen, Chairman
Stephen P. O'Malley
Margaret A. Lynch

Springfield City Hall 36 Court Street
Springfield, Massachusetts 01103
Telephone 413-787-6164
Facsimile 413-787-7721

Dear Property Owner **January 21, 2011**

The Springfield Board of Assessors is undertaking its annual project to collect Income and Expense data on properties in the City of Springfield. Enclosed you will find a blank Income and Expense form for FY 2012. Massachusetts state law requires that the Board of Assessors collect this data and that property owners must provide the information. You may wish to consult with your Accountant and/or Tax Preparer to assist you with this filing as some of the information could come from your Federal Tax

1 The enclosed form lists the types of information that we require.

2 If you maintain this information in a computer based spreadsheet format, you may furnish us with a copy of your income and expense statement as **they relate solely to the property** and **not** your business for calendar year 2010 (January 1, 2010 to December 31, 2010).

3 **Owner occupied properties must complete this form.** Under the income portion, indicate square feet or number of units you occupy and if the property generates any income from other sources. If you have no income from tenants, you should provide any expense information as it relates solely to the property that you own.

4 If you have this information in a format for your Schedule E filing of Income Taxes, you may use that format to provide us with the information, again, as it relates to the property and not your business. When using this method, please indicate how much space was available for rent but not rented. Again, your accountant and or tax preparer can help you with this information.

5 You may **MAIL** your completed form to:
Springfield Board of Assessors
Springfield City Hall
36 Court Street
Springfield, Massachusetts 01103

You may **FAX** your completed form
413-787-7721

6 All forms are available in a PDF format on the Assessors Page of the City's website: www.springfieldcityhall.com

7 All forms are due to be returned no later than **MARCH 25, 2011**. Extensions to file cannot be allowed.

Please see the reverse for more information. Thank you for your co-operation.

Return to: Assessors Office 36 Court St Spfld MA 01103

MUST BE RETURNED BY MARCH 25, 2011

City of Springfield FY 2012 Commercial & Industrial Property Income Statement

FOR ASSESSORS USE ONLY	Location	Parcel ID	Contact Name & Phone

If 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 AS IT RELATES TO YOUR PROPERTY AND NOT YOUR BUSINESS. 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 1/1/10 through 12/31/10 for FY 2012

Tenant Name	Floor Level	Sprinkler Y/N	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 AS IT RELATES TO THE REAL ESTATE ONLY during calendar year 1/1/10 through 12/31/10 for FY 2012

Location:	**Parcel ID**	**EXPENSES FOR CALENDAR YEAR : 2010 (FY 2012)**

	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 _____

Print Name _____

Mailing Address _____

_____

This document MUST be signed and dated to be deemed as valid

Failure to file this within 60 days of its mailing may result in fines or loss of appeal rights

Telephone Day _____

Telephone Eve _____

Date _____

RETURN TO : ASSESSORS OFFICE 36 COURT ST SPRINGFIELD MA 01103