



Office of the Board Of Assessors

Richard J. Allen, Chairman
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Springfield City Hall 36 Court Street
Springfield, Massachusetts 01103
Telephone 413-787-6164
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IMPORTANT NOTICE

To owners of Income Producing Properties:

FAILURE TO COMPLY WITH THIS REQUEST WILL RESULT IN A FINE UP TO \$250.00 ADDED TO YOUR TAX BILL AND POSSIBLE LOSS OF YOUR APPEAL RIGHTS.

We need to know the rental and expense information related to your property (not the business occupying the property). The information will be considered in determining the assessed values of properties of this type.

Please provide the information by one or more of the following three options:

1. Complete the enclosed form for the entire calendar year 2014, and return to the Assessors office by the deadline;
OR;
2. Provide a copy of the entire calendar 2014 operating statement for the property, or a profit and loss statement, in whatever format you use. **OR;**
3. Provide a copy of your calendar 2014 IRS Schedule E related to the property. Please state the vacant space as of January 1, 2015.

You may **Mail** your information to:
Springfield Board of Assessors
Springfield City Hall
36 Court Street
Springfield, Massachusetts 01103

You may **Fax** your information to
413-787-7721

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

All forms are due to be returned no later than JULY 17, 2015. Extensions to file cannot be allowed.

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

RETURN THIS FORM WITHIN SIXTY (60) DAYS OF MAILING

RETURN DUE DATE MAY 20, 2014

QUESTIONS, PLEASE CALL 413-787-6164

May 15, 2015

City of Springfield Massachusetts - Office of the Board of Assessors

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 2016 property valuations (see information below). Those who fail to return the completed form are subject to possible dismissal at the ATB as well as a fine of \$50 for residential properties and \$250 for commercial 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 **JULY 17, 2015** 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

Failure of an owner or lessee of real property to comply with such request within 60 days after it has been made by the board of assessors shall be automatic grounds for dismissal of a filing at the appellate tax board. The appellate tax board and the county commissioners shall not grant extensions for the purposes of extending the filing requirements unless the applicant was unable to comply with such request for reasons beyond his control or unless he attempted to comply in good faith. If any owner or lessee of real property in a return made under this section makes any statement which 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 Class one, residential property fails to submit the information within the time and in the form prescribed, the owner shall be assessed an additional penalty for the next ensuing tax year in the amount of \$50 but only if the board of assessors informed the owner or lessee that failure to submit such information would result in the penalty.

If an owner or lessee of Class three, commercial or Class four, industrial property fails to submit the information within the time and in the form prescribed, the owner or lessee shall be assessed an additional penalty for the next ensuing tax year in the amount of \$250 but only if the board of assessors informed the owner or lessee that failure to so submit such information would result in the penalty.

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

City of Springfield FY 2016 Apartment Property Income Statement
MUST BE RETURNED BY July 17, 2015 TO Assessor's Office, 36 Court St, Springfield MA 01103

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 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 **1/1/2014 through 12/31/2014 for FY 2016**

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)	Sprinkler 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 Info	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 01/01/15								

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, Parking, Laundry, 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 a fine of Fifty Dollars (\$50.00) and loss of appeal rights to the Appellate Tax Board.

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

Return to: ASSESSOR'S OFFICE, 36 COURT ST, SPRINGFIELD MA 01103

Provide the following expense information **AS IT RELATES TO THE REAL ESTATE ONLY** during calendar year **1/1/2014 through 12/31/2014 for FY 2016**

Location: _____ Parcel: _____ **EXPENSES FOR CALENDAR YEAR 2014 (FY2016)**

Management & Administrative			Maintenance & Cleaning		
	Landlord Amount	Tenant Amount		Landlord Amount	Tenant Amount
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*

Telephone Day _____
 Telephone Eve _____

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

Date _____