



## Office of the Board Of Assessors

Richard J. Allen, Chairman  
Margaret A. Lynch  
Patrick Greenhalgh

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

### **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](http://www.springfieldcityhall.com)

**All forms are due to be returned no later than **AUGUST 31, 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**

June 30, 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 **AUGUST 31, 2015** at the address stated on the reverse.

Forms are also available on line at [www.springfieldcityhall.com](http://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 Commercial & Industrial Property Income Statement**

**MUST BE RETURNED by August 31, 2015 to: Assessor's Office, 36 Court St, Springfield MA 01103**

FOR ASSESSORS USE ONLY

Loc:

Parcel:

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

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
					\$	\$					
					\$	\$					
					\$	\$					
					\$	\$					
					\$	\$					
					\$	\$					
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					\$	\$					
					\$	\$					
					\$	\$					

**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 a fine of Two Hundred Fifty Dollars (\$250.00) and loss of appeal rights to the Appellate Tax Board.**

**SEE REVERSE SIDE FOR EXPENSE INFORMATION**

**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)**

<b>Management &amp; Administrative</b>		Landlord Amount	Tenant Amount	<b>Maintenance &amp; Cleaning</b>		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)	\$		\$		\$		\$
<b>TOTAL</b>	\$		\$	<b>TOTAL</b>	\$		\$

<b>Repairs &amp; Alterations</b>			<b>Capital Improvements</b>		
Exterior	\$		Describe Project(s):	\$	
Interior	\$			\$	
Mechanical	\$			\$	
Electrical	\$			\$	
Plumbing	\$			\$	
Other (Explain)	\$			\$	
<b>TOTAL</b>	\$		<b>TOTAL</b>	\$	

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

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 \_\_\_\_\_