

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 1/1/2015 through 12/31/2015 for FY 2017

Location: «PROPERTY_LOCATION» Parcel: «PARCELID»

EXPENSES FOR CALENDAR YEAR 2015 (FY2017)

| 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 <i>MUST</i> be signed and dated to be deemed as valid | Telephone Day _____ Telephone Eve _____ Date _____ |
|--|--|--|

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