

LUC: **City of Springfield FY 2018 Commercial & Industrial Property Income Statement**
MUST BE RETURNED by April 10, 2017 to: Assessor's Office, 36 Court St, Springfield MA 01103

FOR ASSESSORS USE ONLY	Loc: _____ Parcel: _____	Contact Name & Phone _____
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If property is OWNER OCCUPIED, please indicate the owner and business name. YOU MUST STILL COMPLETE THE FORM FOR EXPENSES.

Owner Name: _____	Business Name: _____
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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 1/1/2016 through 12/31/2016 for FY 2018

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

LUC:

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 1/1/2016 through 12/31/2016 for FY 2018

Location:		Parcel:		EXPENSES FOR CALENDAR YEAR 2016 (FY2018)	
Management & Administrative		Landlord Amount	Tenant Amount	Maintenance & Cleaning	
				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 _____