

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			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 _____