

LUC: «STATE\_CLASS»

**City of Springfield FY 2019 Commercial & Industrial Property Income Statement**  
**Must be returned by August 27, 2018 to: Assessor's Office, 36 Court St, Springfield MA 01103**  
**or emailed to assessors\_email@springfieldcityhall.com**

FOR ASSESSORS USE ONLY	Loc: «PROPERTY_LOCATION» Parcel: «PARCELID»	Name: Phone: Email:
------------------------	---	---------------------------

Owner Name: «CURRENT_OWNER»	Business Name:
-----------------------------	----------------

Please provide the following information **AS IT RELATES TO YOUR PROPERTY**. 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 **1/1/2017 through 12/31/2017 for FY 2019**

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
					\$	\$					
					\$	\$					
					\$	\$					
					\$	\$					
					\$	\$					
					\$	\$					
					\$	\$					
					\$	\$					
					\$	\$					
VACANT SPACE				VACANT AREA		ASKING RENT					
					\$	\$					

Total Area Should Equal 100% of Building

**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 with Vacant Area	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 shall result in a penalty of Two Hundred Fifty Dollars (\$250.00). In addition, you may lose the right to an appeal at the Appellate Tax Board.**

**SEE REVERSE SIDE FOR EXPENSE INFORMATION**

Provide the following expense information AS IT RELATES TO THE REAL ESTATE ONLY during calendar year **1/1/2017 through 12/31/2017 for FY 2019**

Location: «PROPERTY\_LOCATION» Parcel: «PARCELID» **EXPENSES FOR CALENDAR YEAR 2017 (FY2019)**

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)	\$	\$		\$	\$		
<b>TOTAL</b>	<b>\$</b>	<b>\$</b>	<b>TOTAL</b>	<b>\$</b>	<b>\$</b>		

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

Utilities			Other Expenses		
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>\$</b>	<b>\$</b>	<b>TOTAL</b>	<b>\$</b>	<b>\$</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*

Telephone Day \_\_\_\_\_  
 Email \_\_\_\_\_  
 Date \_\_\_\_\_

*Failure to file this within 60 days of its mailing shall result in a \$250.00 penalty. In addition, you may lose the right to an appeal at the Appellate Tax Board.*