



Springfield Board of Assessors
36 Court Street Rm. 9
Springfield, MA 01103

Patrick Greenhalgh, Chairman
Jessica Guerra
Matthew Fontaine

Parcel ID:
Property Location:
Land Use Code:

April 1, 2022

VERY IMPORTANT: REQUEST FOR INFORMATION

Please Return the Postcard with this Return

The Board of Assessors is responsible for determining the assessed value of your property. M.G.L. c. 59 § 38D, provides the assessors with the authority to request information "as may reasonably be required ...to determine the actual fair cash valuation" of your property. We are requesting your cooperation pursuant to this law. **Failure to comply with our request shall result in a penalty of \$250 (\$50 for class one) added to your tax bill. In addition, you may lose your right to appeal at the Appellate Tax Board.** This penalty is authorized by state law. Please take a few minutes to answer the following questions. If, after answering the questions, you believe that an Income and Expense form is required per the instructions, please complete the form as accurately as you can. Please note that M.G.L. c. 59, § 52B protects from public disclosure the information you provide and limits narrowly the public officials who may view it. The requested information must be returned within sixty (60) days of this mailing or no later than **May 31, 2022**. You can mail all requested documents to the address listed in the top right corner of this page or email to assessors_email@springfieldcityhall.com. If you have any questions, please feel free to call the Assessors Office at (413) 787-6092.

Ownership, occupancy, and use of the property

1. Is the property owner occupied? Circle: Yes / No / Part
2. Please list the owner (s) of the REAL ESTATE. If a corporation, please list the officers. If a trust or limited liability company, please list the registered agent, or disclose further as you prefer. _____

3. Please list the owner(s) or entities with ownership interests in the BUSINESS (ES) occupying the real estate. _____

4. Are any of the individuals or entities listed in your answer to #1 also an answer to #2? Yes or no? Please list. _____

5. How much of the building was occupied as of 1/1/2022?
_____ %
6. Is the property being offered for sale or lease? _____
 - a. What is the asking price or rent? _____
7. Are the businesses occupying the real estate owned in any way by the owner(s) of the real estate?
Circle: **NO / YES / PART**
IF:
No – Complete the enclosed form and this cover letter
Yes – Complete this cover letter and return
Part – Complete this cover letter and enclosed form and identify the area which is owner occupied on the form
8. Please state the type of business conducted on the property, i.e. retail, office, storage, etc. _____

9. Please explain any conditions, facts, or extraordinary circumstances which you believe affect the value.

Signature: _____

Print Name: _____

Telephone Number: _____

Date: _____

Email Address: _____

LUC:

City of Springfield FY 2023 Commercial & Industrial Property Income Statement

Must be returned by **May 31, 2022** to: Assessor's Office, 36 Court St. Rm 9, Springfield MA 01103
or **emailed to assessors_email@springfieldcityhall.com**

Mailed: **April 1, 2022**

Loc:

Parcel:

Name:

Phone:

Owner Name:

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 413-787-6092.**

Provide the following income information for the property during calendar year **1/1/2021 through 12/31/2021 for FY 2023**

Tenant Name <small>Please list the businesses occupying space at the property AND identify businesses that are owned by owners of the real estate (OO = owner-occupied) and businesses that are strictly tenants (T). Also, for any space that is vacant, please provide the amount of square feet AND asking rent below. OO / T</small>	Floor Level	Sprinkler Y/N	Use Type Retail, Office, Warehouse, etc.	Leased Area (Sq Ft)	Rent Per Sq. Ft.	Annual Base Rent	Gross, Net or NNN	Lease Start Date Month/Yr.	Lease End Date Month/Yr.	Term in Years	Options
					\$	\$					
					\$	\$					
					\$	\$					
					\$	\$					
					\$	\$					
					\$	\$					
					\$	\$					
					\$	\$					
					\$	\$					
Vacant Space	Floor	Sprinkler	Use	Vacant Area		Asking Rent	Terms				
					\$	\$					
					\$	\$					

Total Area Should Equal 100% of Building

OTHER INCOME: Reimbursements (CAM, RE Tax, Insurance), Cell Towers/Antenna, Billboards, Parking, and/or Other (please specify)

Source	Monthly Amount	Annual Collected	Additional Comments:
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	

CALENDAR YEAR INCOME SUMMARY

100% Occupied Total Potential Gross Income	Total Concessions (Free Rent)	Total Vacancy Loss	Total Collection Loss	Total Other Income	Total Income 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 \$250 (\$50 for class one). In addition, you may lose the right to an appeal at 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 RM 9, SPRINGFIELD MA 01103

Provide the following expense information AS IT RELATES TO THE REAL ESTATE ONLY during calendar year 1/1/2021 through 12/31/2021 for FY 2023

Location: _____ Parcel: _____ **EXPENSES FOR CALENDAR YEAR 2021 (FY 2023)**

Management of Real Estate ONLY	Landlord Amount	Tenant Amount	Maintenance & Cleaning (Recurring)	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 (Nonroutine)			Capital Improvements (Major Projects)		
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 _____
 Email _____
 Date _____

Failure to file this within 60 days of its mailing shall result in a \$250 (\$50 for class one) penalty. In addition, you may lose the right to an appeal at the Appellate Tax Board.