



STATE OF CONNECTICUT – COUNTY OF TOLLAND
INCORPORATED 1786

TOWN OF ELLINGTON

ASSESSOR'S OFFICE

55 MAIN STREET – PO BOX 199
ELLINGTON, CONNECTICUT 06029-0199
Phone 860-870-3109 Fax 860-870-3197
assessor@ellington-ct.gov

April 27, 2020

Dear Property Owner:

The Assessor's Office is now in the process of conducting the revaluation of all property for the October 1, 2020 Grand List which is required by law every five years. In order to assess your real property fairly and equitably, information regarding the income and expenses related to your property is essential.

Connecticut General Statute Section 12-63c requires all owners of rental property to annually file the enclosed forms with the Assessor's Office. Any information related to the actual rental and rental-related income and operating expenses shall not be a public record and is not subject to the provisions of CGS 1-210 (Freedom of Information Act).

Due to the Covid-19 pandemic, Governor Lamont's Executive Order No. 7S includes the 'Extension of Deadline to File Income and Expense Statements' with the Assessor's Office. This allows the filing period to be extended to August 15, 2020. Although this Order does not address the request for extension pursuant to CGS 12-63b, it nullifies that request by sufficiently extending the due date by 75 days.

In accordance with CGS Section 12-63c(d), any owner of rental real property who fails to file this form or files an incomplete or false form with intent to defraud shall be subject to a penalty assessment equal to a ten percent (10%) increase in the assessed value of such property.

At this time, the office is closed to the general public. Please complete and return the enclosed forms by mail to the Assessor's office **no later than August 15, 2020** to avoid a 10% penalty.

If you have any questions concerning these forms or the information required, please call our office at (860) 870-3109, or email assessor@ellington-ct.gov.

Thank you for your cooperation,

Kimberly Bechard

Kimberly Bechard, CCMA II, CCMC
Assessor

2019 ANNUAL INCOME AND EXPENSE REPORT SUMMARY

Owner Name _____ Property Location _____
 Mailing Address _____
 (if different from front) _____
 City/State/Zip _____ Property Name _____

1 Primary Property Use (Check One) Apartment Office Retail Mixed Use Shopping Ctr. Industrial Other _____

2 Gross Building Area _____

(Including Owner-Occupied Space)

3 Net Leasable Area _____ Sq. Ft. 6 Number of Parking Spaces _____

4 Owner-Occupied Area _____ Sq. Ft. 7 Actual Year Built _____

5 Number Of Units _____ Sq. Ft. 8 Year Remodeled _____

INCOME

EXPENSES

9 Apartment Rentals (From Schedule A) 10 Office Rentals (From Schedule B) 11 Retail Rentals (From Schedule B) 12 Mixed Rentals (From Schedule B) 13 Shopping Center Rentals (From Schedule B) 14 Industrial Rentals (From Schedule B) 15 Other Rentals (From Schedule B) 16 Parking Rentals 17 Other Property Income 18 TOTAL POTENTIAL INCOME (Add Line 9 Through Line 17) 19 Loss Due to Vacancy and Credit 20 EFFECTIVE ANNUAL INCOME (Line 18 Minus Line 19)	21 Heating/Air Conditioning _____ 22 Electricity _____ 23 Other Utilities _____ 24 Payroll (Except management) _____ 25 Supplies _____ 26 Management _____ 27 Insurance _____ 28 Common Area Maintenance _____ 29 Leasing Fees / Commissions / Advertising _____ 30 Legal and Accounting _____ 31 Elevator Maintenance _____ 32 Tenant Improvements _____ 33 General Repairs _____ 34 Other (Specify) _____ 35 Other (Specify) _____ 36 Other (Specify) _____ 37 Security _____ 38 TOTAL EXPENSES (Add Lines 21 Through 37) 39 NET OPERATING INCOME (Line 20 Minus Line 38) 40 Capital Expenses _____ 41 Real Estate Taxes _____ 42 Mortgage Payment (Principal and Interest) _____
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VERIFICATION OF PURCHASE PRICE

PURCHASE PRICE \$ _____ DATE OF PURCHASE _____
 DATE OF LAST APPRAISAL _____ APPRAISED VALUE _____
 DOWN PAYMENT \$ _____
 APPRAISAL FIRM _____

	(Check One)		PAYMENT SCHEDULE TERM	YEARS
	FIXED	VARIABLE		
FIRST MORTGAGE	_____ %	_____ %	_____ YEARS	_____ YEARS
SECOND MORTGAGE	_____ %	_____ %	_____ YEARS	_____ YEARS
OTHER	_____ %	_____ %	_____ YEARS	_____ YEARS
CHattel MORTGAGE	_____ %	_____ %	_____ YEARS	_____ YEARS

DID THE PURCHASE PRICE INCLUDE A PAYMENT FOR: FURNITURE? \$ _____ (Value) EQUIPMENT? _____ (Value) OTHER (Specify) \$ _____ (Value)

HAS THE PROPERTY BEEN LISTED FOR SALE SINCE YOUR PURCHASE? (Check One) YES NO
 IF YES, LIST THE ASKING PRICE \$ _____ DATE LISTED _____ BROKER _____

Remarks - Please explain any special circumstances or reasons concerning your purchase (i.e., vacancy, conditions of sale, etc.)

I DO HEREBY DECLARE UNDER PENALTIES OF FALSE STATEMENT THAT THE FOREGOING INFORMATION, ACCORDING TO THE BEST OF MY KNOWLEDGE, REMEMBRANCE AND BELIEF, IS A COMPLETE AND TRUE STATEMENT OF ALL THE INCOME AND EXPENSES ATTRIBUTABLE TO THE ABOVE IDENTIFIED PROPERTY (Section 12-63c(d) of the Connecticut General Statutes).

SIGNATURE _____ NAME (Print) _____ DATE _____
 TITLE _____ TELEPHONE _____

*****PLEASE NOTE: GOVERNOR LAMONT'S EXECUTIVE ORDER NO. 7S HAS EXTENDED THE 2019 INCOME AND EXPENSE FORM RETURN DATE TO AUGUST 15, 2020*****

RETURN THIS FORM TO THE ASSESSOR'S OFFICE ON OR BEFORE AUGUST 15, 2020 TO AVOID A 10% PENALTY