



2025 Annual Income and Expense Report

PROP. LOC:

FILING INSTRUCTIONS. In order to assess your real property equitably, information regarding the property's income and expenses is required. Connecticut General Statute 12-63c requires all owners of rental real property to annually file this report. **The information filed and furnished with this report will remain confidential and is not open to public inspection.** Any information related to the actual rental and operating expenses shall not be a public record and is not subject to the provisions of Section 1-19 (Freedom of Information) of the Connecticut General Statutes.

Please complete and return the completed form to the West Hartford Assessor's Office on or before June 1, 2026. In accordance with Section 12-63c (d), of the Connecticut General Statutes, as amended, 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.

GENERAL INSTRUCTIONS. Complete this form for all rented or leased commercial, retail, industrial, or combination property. Identify the property and address. **Provide Annual information for the Calendar Year 2025.** **ESC/CAM/OVERAGE:** (Circle if applicable) **ESCALATION:** Amount, in dollars, of adjustment to base rent either pre-set or tied to the Inflation Index. **CAM:** Income received from common area charges to tenant for common area maintenance or other income received from the common area property. **OVERAGE:** Additional fee or rental income. This is usually based on a percentage of sales or income. **PARKING:** Indicate the number of parking spaces and annual rent for each tenant, including spaces or areas leased or rented to a tenant as a concession. **SPACES RENTED TWICE:** Those rented for daylight hours to one tenant and evening hours to another should be reported under each tenant's name. **OPTION PROVISIONS/BASE RENT INCREASE:** Indicate the percentage or increment and time period. **INTERIOR FINISH:** Indicate whether ownership of owner or tenant and the cost. Complete **VERIFICATION OF PURCHASE PRICE** information.

WHO SHOULD FILE? All individuals and businesses receiving this form should complete and return this form to the Assessor's Office. All properties which are rented or leased, including commercial, retail, industrial, and residential properties, except "*such property used for residential purposes, containing not more than six dwelling units and in which the owner resides*", must complete this form. If a non-residential property is partially rented and partially owner-occupied this report must be filed. If you have any questions, please call (860) 561-7412.

OWNER-OCCUPIED PROPERTIES. If your property is 100% owner-occupied, please report only the income and expense items associated with the occupancy of the building and land. Income and expenses relating to your business should not be included.

HOW TO FILE. Each summary page should reflect information for a single property for the calendar year **2025**. If you own more than one rental property, a separate report/form must be filed for each property in this jurisdiction. An income and expense report summary page and the appropriate income schedule must be completed for each rental property. Income Schedule A must be filed for apartment rental property and Schedule B must be filed for all other rental properties. A computer printout is acceptable for Schedules A and B, providing all the required information is provided.

RETURN TO THE ASSESSOR ON OR BEFORE JUNE 1, 2026

SCHEDULE "A" - 2025 APARTMENT RENT SCHEDULE

Complete this Section for Apartment Rental activity only.

UNIT TYPE	NO. OF UNITS		ROOM COUNT		UNIT SIZE	MONTHLY RENT		TYPICAL
	TOTAL	RENTED	ROOMS	BATHS	SQ. FT.	PER UNIT	TOTAL	LEASE TERM
EFFICIENCY								
1 BEDROOM								
2 BEDROOM								
3 BEDROOM								
4 BEDROOM								
OTHER RENTABLE UNITS								
OWNER/MANAGER/JANITOR OCCUPIED								
SUBTOTAL								
GARAGE/PARKING								
OTHER INCOME (SPECIFY)								
TOTALS								

BUILDING FEATURES INCLUDED IN RENT

(Please Check All That Apply)

- Heat
- Electricity
- Other Utilities
- Air Conditioning
- Tennis Courts
- Stove/Refrigerator
- Other Specify _____
- Garbage Disposal
- Furnished Unit
- Security
- Pool
- Dishwasher

SCHEDULE "B" - 2025 LESSEE RENT SCHEDULE

Complete this section for all other rental activities except apartment rental.

NAME OF TENANT	LOCATION OF SPACE	LEASE TERM			ANNUAL RENT						PARKING		Interior Finish		
		START	END	SQ. FT.	ANNUAL BASE RENT	BASE YR OF LEASE	UTILITY CONTRIBUTION	ESC/CAM/OVERAGE	TOTAL RENT	TOTAL PER SQ FT	NO SPACES	ANNUAL RENT	OWN	TEN.	COST
TOTAL															

Copy and Attach If Additional Pages are needed

2025 ANNUAL INCOME AND EXPENSE REPORT SUMMARY

Owner _____

Property Name _____

Mailing Address _____

Property Address _____

City / State/ Zip _____

Parcel Id _____ (Fill in from the Front Instruction Page)

1. Primary Property Use (Circle One) A. Apartment B. Office C. Retail
2. Gross Building Area (Including Owner-Occupied Space) _____ Sq. Ft.
3. Net Leasable Area _____ Sq. Ft.
4. Owner-Occupied Area _____ Sq. Ft.
5. No. of Units _____

- D. Mixed Use E. Shopping Center F. Industrial G. Other _____
6. Number of Parking Spaces _____
7. Actual Year Built _____
8. Year Remodeled _____

INCOME - 2025

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. Reimbursement Income _____
19. Utility Contributions _____
20. **TOTAL POTENTIAL INCOME** _____
21. Loss Due to Vacancy and Credit _____
22. **EFFECTIVE ANNUAL INCOME** (Line 20 minus Line 21) _____
23. Portion of Line 18 from Real estate taxes (if any) _____
24. Effective Income Net of Tax reimbursements _____
(Line 22 minus Line 23)

EXPENSES - 2025

25. Heating/Air Conditioning _____
26. Electricity _____
27. Other Utilities _____
28. Payroll (Except management, repair & decorating) _____
29. Supplies _____
30. Management _____
31. Insurance _____
32. Common Area Maintenance _____
33. Leasing Fees/Commissions/Advertising _____
34. Legal and Accounting _____
35. Elevator Maintenance _____
36. General Repairs _____
37. Other (Specify) _____
38. Other (Specify) _____
39. Other (Specify) _____
40. Other (Specify) _____
41. Security _____
42. **TOTAL EXPENSES** (Add Lines 25 through 41) _____
43. **NET OPERATING INCOME** (Line 24 minus Line 42) _____
44. Capital Expenses _____
45. Real Estate Taxes _____
46. Mortgage Payment (Principle and Interest) _____

RETURN TO THE ASSESSOR ON OR BEFORE JUNE 1, 2026

VERIFICATION OF PURCHASE PRICE

PURCHASE PRICE \$ _____ DOWN PAYMENT \$ _____ DATE OF PURCHASE _____

Date of Last Appraisal _____ Appraisal Firm _____ Appraised Value _____

FIRST MORTGAGE \$ _____ INTEREST RATE _____% PAYMENT SCHEDULE TERM _____ YEARS

SECOND MORTGAGE \$ _____ INTEREST RATE _____% PAYMENT SCHEDULE TERM _____ YEARS

OTHER \$ _____ INTEREST RATE _____% PAYMENT SCHEDULE TERM _____ YEARS

CHattel MORTGAGE \$ _____ INTEREST RATE _____% PAYMENT SCHEDULE TERM _____ YEARS

(Check One)	
Fixed	Variable

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? (CIRCLE 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 _____

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