

CITY OF NEW BRITAIN
Annual Income and Expense Report
Commercial/Industrial

*****MUST BE FILED ON OR BEFORE JUNE 1, 2026 TO AVOID 10% ASSESSMENT PENALTY*****

Property Address:	Mailing Address:
Owner:	City/State/Zip:
1. Primary Property Use: Apartment_____ Office _____ Retail_____ Industrial_____ Mixed Use_____ Other_____	
2. Gross Building Area _____ sq. ft. (include owner occupied space)	6. Number of Units _____
3. Net Leasable Area _____ sq. ft.	7. Number of Parking Spaces _____
4. Owner Occupied Area _____ sq. ft.	8. Actual Year Built _____
5. Common Area _____ sq. ft.	9. Year Remodeled _____

INCOME - 2025			EXPENSES - 2025	
10. Apartment Rentals (sched. A)	\$		21. Advertising	\$
11. Office Rentals (sched. B)	\$		22. Cleaning and Maintenance	\$
12. Retail Rentals (sched. B)	\$		23. Commissions/Leasing Fees	\$
13. Industrial Rentals (sched. B)	\$		24. Insurance	\$
14. Mixed Use Rentals (sched. B)	\$		25. Legal & Other Prof. Fees	\$
15. Other Rentals (sched. B)	\$		26. Management Fees	\$
16. Parking Rentals	\$		27. Repairs	\$
17. Other Property Income	\$		28. Supplies	\$
18. Total Potential Income <i>Add lines 10 to 17</i>	\$		29. Utilities	\$
19. Loss due to Vacancy/Credit	\$		30. Security	\$
20. Effective Annual Income <i>Subtract line 19 from line 18</i>	\$		31. Other (Specify)	\$
Sale or Mortgage Verification Complete if sold, listed for sale, or mortgaged since 1-1- 2024 Purchase Price \$_____ Date of Purchase _____ Approximate vacancy rate at date of sale _____ % Was the sale between related parties? Yes_____ No_____ First Mortgage \$_____ Int. Rate _____ % _____ years Other Financing \$_____ Int. Rate _____ % _____ years Asking Price \$_____ Date Listed _____			32. Other (Specify)	\$
			33. Total Expenses <i>Add lines 21 to 32</i>	\$
			34. Capital Expenses	\$
			35. Mortgage Paid to Banks	\$
			36. Other Interest	\$
			37. Depreciation	\$
			38. Real Estate Taxes	\$

I do hereby declare under penalties of false statement that the foregoing information and that reflected on the attached schedule(s) is, according to the best of my knowledge, remembrance and belief, a complete and true statement of all income and expens

Signature _____

Date: _____

Printed Name/Title _____

Telephone: _____

The above identified property is: 100% Owner Occupied_____ 100% Leased to a related person, corporation or business entity_____

APARTMENT RENT SCHEDULE

Complete this Section for Apartment rental activity only.

[illegible]

SCHEDULE B - 2025

LESSEE RENT SCHEDULE

Complete this section for all other activities EXCEPT apartment rental.

NAME OF TENANT	LOCATION OF LEASED SPACE	TYPE/USE OF LEASED SPACE	LEASE TERM			ANNUAL RENT				PROPERTY EXPENSES & UTILITIES PAID BY TENANT
			START DATE	END DATE	LEASED SQ. FEET	BASE RENT	ESC/CAM/OVERAGE	TOTAL RENT	RENT PER SQ. FT.	
Other Income (Specify)										
TOTAL										