



STRATFORD  
2010  
ANNUAL INCOME  
AND  
EXPENSE REPORT

RETURN TO:

ASSESSOR  
Town of Stratford  
2725 Main Street  
Stratford, CT 06615

TEL • (203) 385-4025  
FAX • (203) 385-4067

HOTELS AND MOTELS

RE:

**FILING INSTRUCTIONS:** The Assessor's Office is preparing for revaluation of all real property located in Stratford. In order to assess your real property equitably, information regarding the property's income and expenses is required. Connecticut General Statutes 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 Stratford Assessor's Office on or before June 1, 2011. In accordance with Section 12-63c (d), of the Connecticut General Statutes, as amended, any owner of 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. Any form returned incomplete will not be accepted and be subject to the 10 percent penalty. Any form received after June 1, 2011, will receive a 10% penalty on the October 1, 2011 Grand List.

**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 2010.** **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 percent of sales or income. **PARKING:** Indicate number of parking spaces and annual rent for each tenant, include 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 if purchased within the last twelve months.

**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 (203) 385-4025.

**OWNER-OCCUPIED PROPERTIES:** If your property is 100% owner-occupied, this form must be returned stating such. Please report only the income and expense items associated with occupancy of the building and land. Income and expense relating to your business should not be included.

**HOW TO FILE:** Each summary page should reflect information for a single property for the year of 2010. 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, 2011

Please return all pages of this form



**Hotel and Motel  
Income and Expense Survey for Calendar Year 2010**

Information provided is CONFIDENTIAL, in accordance with Connecticut Law.

Property Name (if applicable): \_\_\_\_\_  
 Property Address: \_\_\_\_\_  
 Form Preparer/Position: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_

**General Data**

Number of Available Rooms: \_\_\_\_\_

**ROOM CONFIGURATION (NUMBER OF ROOMS IN EACH CATEGORY) /  
RATES**

	<u># Units</u>	<u>Rent/day/unit</u>	<u>Rent/week/unit</u>
Single	_____	_____	_____
Double	_____	_____	_____
King	_____	_____	_____
Suite	_____	_____	_____
Other	_____	_____	_____

Annual Occupancy \_\_\_\_\_  
 Annual Average Daily Rate (ADR) \$ \_\_\_\_\_

**SEGMENTATION OF ANNUAL OCCUPANCY**

	<u>Transient</u>	<u>Corporate</u>	<u>Group</u>	<u>Other</u>	<u>Total</u>
Percentage of Annual Occupancy	_____	_____	_____	_____	100 %
ADR for Segment	_____	_____	_____	_____	_____

**Annual Department Revenue:**

Rooms \$ \_\_\_\_\_  
 Conference Facilities \$ \_\_\_\_\_  
 Food and Beverage \$ \_\_\_\_\_  
 Telephone \$ \_\_\_\_\_  
 Minor Operated Departments \$ \_\_\_\_\_  
 Miscellaneous Rentals and Other Income \$ \_\_\_\_\_  
  
**Total Annual Revenue** \$ \_\_\_\_\_ (1)





# VERIFICATION OF PURCHASE PRICE

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

(Check One)

	Appraisal Firm	Appraised Value	
FIRST MORTGAGE \$ _____	INTEREST RATE _____ %	PAYMENT SCHEDULE TERM _____ YEARS	Fixed <input type="checkbox"/> Variable <input type="checkbox"/>
SECOND MORTGAGE \$ _____	INTEREST RATE _____ %	PAYMENT SCHEDULE TERM _____ YEARS	
OTHER \$ _____	INTEREST RATE _____ %	PAYMENT SCHEDULE TERM _____ YEARS	
CHattel MORTGAGE \$ _____	INTEREST RATE _____ %	PAYMENT SCHEDULE TERM _____ 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? (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 \_\_\_\_\_

**RETURN TO THE ASSESSOR ON OR BEFORE JUNE 1, 2011**