



TOWN OF MONTVILLE

ASSESSOR'S OFFICE

Return to:

Town of Montville Assessor's Office
310 Norwich-New London Tpke
Uncasville, CT 06382
(860) 848-6774
assessor@montville-ct.org

Annual Income and Expense Report

**PLEASE READ CAREFULLY AS INSTRUCTIONS
AND FORMS HAVE BEEN UPDATED**

April 2026

FILING INSTRUCTIONS - Under current law, the Assessor's Office is required to reassess all real property in this municipality for the October 1, 2026 Revaluation. In order to assess your real property fairly and equitably, information regarding the income and expenses related to your property is not only required, it is essential. Connecticut General Statutes, Section 12-63c requires all owners of rental property to annually file the enclosed forms. 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 disclosure provisions of Connecticut General Statute Section 1-210 (Freedom of Information Act).

Please complete the enclosed forms and return them on or before June 1ST. In accordance with Connecticut General Statute Section 12-63c(d), any owner of primarily rental real property who fails to file this form by **June 1, 2026**, or files an incomplete or false form with intent to defraud, shall be subject to a one-year penalty assessment equal to a **ten percent (10%) increase in the assessed value of such property**. Pursuant to CGS 12-63c upon determination that there is *good cause*, the assessor *may* grant an extension to not later than the first day of July to submit such information, if the owner of such property files a request for an extension with the assessor **not later than June 1ST**.

GENERAL INSTRUCTIONS - Each summary page should reflect information for a single property for the year of 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, unless such form indicates otherwise. A computer print-out is acceptable for Schedule A & B as long as all required information is provided.

Please attach to the completed forms: 2025 Federal Income Tax Schedule E (FORM 1040); Supplemental Income and Expenses and/or Form 8825; Rental Real Estate Income and Expenses of a Partnership; an S Corporation or Limited Liability Company (LLC) with the Form K-1 attached. **Copies of current lease(s)**. Only tax schedules related to the rental activity are required to be filed. If there is no lease, state that there is **no lease**.

Complete this form for all rented or leased commercial, retail, industrial or mixed-use property. Identify the property and address. **Provide Annual information for the Calendar Year 2025.** **TYPE/USE OF LEASE SPACE:** Indicate what the leased space is being utilized for (i.e.: office, retail, warehouse, restaurant etc.). **ESC/CAM/OVERAGE:** Check 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. **PROPERTY EXPENSES & UTILITIES PAID BY TENANT:** Indicate the property expenses & utilities the tenant is responsible for. Abbreviations may be used (i.e.: "RE" for real estate taxes & "E" for electricity). **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 completed by the owner or the tenant and the cost. **VERIFICATION OF PURCHASE PRICE** must be completed if the property was acquired on or after October 1, 2025.

WHO SHOULD FILE - All individuals and businesses receiving this form should complete and return this form to the Assessor's Office. If you believe that you are not required to fill out this form, please call the number listed above to discuss. 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 property is partially owner-occupied, this report **must** still be filed.

IF YOUR PROPERTY IS 100% OWNER OCCUPIED, OR 100% LEASED TO A RELATED CORPORATION, BUSINESS FAMILY MEMBER OR OTHER RELATED ENTITY, PLEASE INDICATE BY CHECKING THE FOLLOWING BOX. FORM MUST STILL BE SIGNED, DATED, AND RETURNED IN ITS ENTIRETY TO AVOID 10% PENALTY.

ALL PROPERTY OWNERS MUST SIGN & RETURN THIS FORM TO THE MONTVILLE ASSESSOR'S OFFICE ON OR BEFORE JUNE 1, 2026 OR BE SUBJECT TO THE TEN PERCENT (10%) PENALTY.

GENERAL

Property Address _____

Unique ID _____

SCHEDULE A - 2025 APARTMENT OR ROOMING HOUSE RENT SCHEDULE

Complete this Section for Apt/Rooming House Rental activity only.

(A rooming house is any building in which renters occupy single rooms and share kitchens, bathrooms, and common areas.)

| UNIT TYPE | NO. OF UNITS | | ROOM COUNT | | UNIT SIZE | | MONTHLY RENT | | TYPICAL |
|--|--------------|--------|------------|-------|-----------|----------|--------------|------------|---------|
| | TOTAL | RENTED | ROOMS | BATHS | SQ. FT. | PER UNIT | TOTAL | LEASE TERM | |
| ROOMS (Total times # of shifts rented) | | | | | | | | | |
| EFFICIENCY | | | | | | | | | |
| 1 BEDROOM | | | | | | | | | |
| 2 BEDROOM | | | | | | | | | |
| 3 BEDROOM | | | | | | | | | |
| 4 BEDROOM | | | | | | | | | |
| OTHER RENTABLE UNITS (ie, sheds, etc) | | | | | | | | | |
| OWNER/MANAGER/JANITOR OCCUPIED | | | | | | | | | |
| SUBTOTAL | | | | | | | | | |
| GARAGE/PARKING | | | | | | | | | |
| OTHER INCOME (SPECIFY) | | | | | | | | | |
| TOTALS (POTENTIAL GROSS) | | | | | | | | | |

BUILDING FEATURES INCLUDED IN RENT

DATE STAMP

(Please Check All That Apply)

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

SCHEDULE B - 2025 LESSEE SCHEDULE

Complete this Section for all other rental activities except apartment/rooming house rental.

Tower land lease, Tower lease information or other land lease information should be included in Schedule B.

| NAME OF TENANT | LOCATION OF SPACE | LEASE TERM | | | ANNUAL RENT | | | | PARKING | | INTERIOR FINISH | | | PROPERTY EXPENSES & UTILITIES PAID BY TENANT |
|--|-------------------|------------|-----|-------|-------------|-----------------|------------|-------------------|---------------|-------------|-----------------|--------|------|--|
| | | START | END | SQ.FT | BASE RENT | ESC/CAM OVERAGE | TOTAL RENT | TOTAL PER SQ. FT. | NO. OF SPACES | ANNUAL RENT | OWNER | TENANT | COST | |
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| TOTALS (SEE INCOME: LINES 1-10) | | | | | | | | | | | | | | |

COPY AND ATTACH IF ADDITIONAL PAGES ARE NEEDED

RETURN TO THE ASSESSOR ON OR BEFORE JUNE 1, 2026 TO AVOID 10% PENALTY

2025 ANNUAL INCOME AND EXPENSE REPORT SUMMARY

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

Property Name
Property Address
Unique ID

100% Owner Occupied

1 Primary Property Use (Check One) Apt/Rmng Hse Office Retail Mixed Use Shopping Ctr. Industrial Other

2 Gross Building Area (Including Owner-Occupied Space) Sq. Ft. 6 Number of Parking Spaces
3 Net Leasable Area Sq. Ft. 7 Actual Year Built
4 Owner-Occupied Area Sq. Ft. 8 Year(s) Remodeled
5 Number Of Units

INCOME

EXPENSES

9 Apt./Rooming Hse (Potential Gross) Rentals (From Schedule A)
10 Office (Potential Base Rent) Rentals (From Schedule B)
11 Retail (Potential Base Rent) Rentals (From Schedule B)
12 Mixed (Potential Base Rent) Rentals (From Schedule B)
13 Shopping Center (Potential Base Rent) Rentals (From Schedule B)
14 Industrial (Potential Base Rent) Rentals (From Schedule B)
15 Other Rentals (ESC/CAM/OVERAGE) (From Schedule B)
16 Parking (Potential Gross) Rentals
17 Billboard/Antenna (Potential Gross) Rentals
18 Other Property Income (washer, dryer, vending)
19 Reimbursements
20 TOTAL POTENTIAL INCOME (Add Line 9 through Line 19)
21 Loss Due to Vacancy and Credit
22 EFFECTIVE ANNUAL INCOME (Line 20 Minus Line 21)
23 Portion of Line 19 from RE Taxes (if any)
24 EFFECTIVE ANNUAL INCOME BEFORE TAXES (Line 22 Minus Line 23)

25 Heating/Air Conditioning
26 Electricity
27 Other Utilities
28 Payroll (Except management, repair & decorating)
29 Supplies (janitorial, etc.)
30 Management (private, offsite)
31 Insurance
32 Common Area Maintenance
33 Maintenance & Repair
34 Leasing Fees / Commissions / Advertising
35 Legal and Accounting
36 Elevator Maintenance
37 Tenant Improvements
38 Snow Removal
39 Trash Removal
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 Reserve for Replacement
46 Real Estate Taxes
47 Mortgage Payment (Principal and Interest)
48 Depreciation
49 Amortization

DATE STAMP

Empty box for date stamp

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RETURN TO THE ASSESSOR ON OR BEFORE JUNE 1, 2026 TO AVOID 10% PENALTY

VERIFICATION OF PURCHASE PRICE

Return to:

Assessor's Office

310 Norwich-New London Tpke

Uncasville, CT 06382

Property:

UID: **(Complete if the property was acquired on or after October 1, 2025)**

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 |
|-------|----------|
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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.) or other property information or special circumstance.

DATE STAMP

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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** _____ **EMAIL** _____

RETURN TO THE ASSESSOR ON OR BEFORE JUNE 1, 2026 TO AVOID THE 10% PENALTY