



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.

Property:

UID:

Town of Montville Assessor's Office

Hotel / Motel

Income and Expense Report for Calendar Year 2025

(DUE ON OR BEFORE JUNE 1, 2026)

Information provided is CONFIDENTIAL, in accordance with Connecticut Law 12-63c.

Date Stamp

Property Name (if applicable): _____

Property Address: _____

Unique ID: _____

Form Preparer/Position: _____

Telephone Number: _____

Email: _____

General Data

Number of Available Rooms _____

	Room Configuration (number of rooms in each category) / Rates		
	# Units	Rent/day/unit	Rent/week/unit
Single			
Double			
King			
Suite			
Other			

Annual Occupancy _____

Annual Average Daily Rate (ADR) \$ _____

	Segmentation of Annual Occupancy				
	Transient	Corporate	Group	Other	Total
Percentage of Annual Occupancy 2025					100 %
Average Daily Rate for Segment (ADR) 2025					

2025 Annual Department Revenue:

Rooms \$ _____

Conference Facilities \$ _____

Food and Beverage \$ _____

Telephone \$ _____

Minor Operated Departments \$ _____

Miscellaneous Rentals and Other Income \$ _____

Antenna/Billboard Income \$ _____

Total Annual Revenue \$ _____ (1)*

*(1) Income before deducting Depreciation, Rent, Interest, Amortization and Income Taxes.

HOTEL/MOTEL

Property:

UID:

2024 Annual Costs and Expenses:

Rooms	\$ _____
Payroll	\$ _____
Food and Beverage	\$ _____
Telephone	\$ _____
Minor Operated Departments	\$ _____
Leased Equipment	\$ _____
Administrative, Legal, Accounting	\$ _____
Insurance	\$ _____
Marketing	\$ _____
HVAC / Utilities	\$ _____
Property Operation and Maintenance	\$ _____
Franchise Fee	\$ _____
Total Operating Expenses	\$ _____ (2)
Gross Operating Profit (1 – 2)	\$ _____ (3)
Management Fees	\$ _____ (4)

Fixed Operating Charges:

Real Estate Taxes	\$ _____
Personal Property Taxes	\$ _____
Property Insurance	\$ _____
Reserve for Capital Replacement	\$ _____
Total Fixed Charges	\$ _____ (5)

Income Before Other Fixed Charges¹ (3 – 4 – 5) \$ _____

Total Number of Room Nights Available in 2025 _____

Total Number of Room Nights Sold in 2025 _____

Comments or additional information (may be attached): _____

Signature Date

Name (Print) Position

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

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HOTEL/MOTEL

Property: _____
UID: _____

VERIFICATION OF PURCHASE PRICE

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

Return to:
Assessor's Office
310 Norwich-New London Tpke
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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? (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

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