

***Town of Montville Assessor's Office***

**Skilled Nursing Facility  
Income and Expense Report for Calendar Year 2024  
(Due June 1, 2025)**

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

Property Name (if applicable): \_\_\_\_\_

Property Address: \_\_\_\_\_

Form Preparer/Position: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**General Data**

Number of Rooms (or Units) \_\_\_\_\_

Number of Licensed Beds \_\_\_\_\_

**Potential Gross Income (At 100% Occupancy):**

Type of Patient		Daily Reimbursement Rates	Census (# Patient Days)	Annual Income
Private Pay	Private			
	Semi-private			
	Wards			
VA	Skilled			
	Intermediate			
HMO	Semi-private			
Medicare	Semi-private			
Medicaid	Semi-private			

Potential Annual Rental Income (Full Occupancy) \$ \_\_\_\_\_

Ancillary Income: \$ \_\_\_\_\_

Total Potential Gross Income \$ \_\_\_\_\_

**Annualized Vacancy and Collection Loss** \$ \_\_\_\_\_

**Effective (Actual) Gross Income** \$ \_\_\_\_\_

### Fixed Expenses

### Variable Expenses

**Total Operating Expenses** \$\_\_\_\_\_

Please include a copy of your year end Income Summary.

Comments or additional Information (may be attached):

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**Return by June 1, 2025 to avoid 10% assessment penalty**

Page 2 of 2