



**CITY OF NEW BEDFORD**  
**ASSESSING DEPARTMENT**

133 William Street, Room 109, New Bedford, MA 02740

**REQUEST FOR WRITTEN RETURN UNDER GENERAL LAWS, CHAPTER 59, SECTION 61A**  
**ANNUAL INCOME AND EXPENSE QUESTIONNAIRE**

**INFORMATION SUBMITTED WILL REMAIN CONFIDENTIAL**

GENERAL INFORMATION: As an owner or lessee of an income producing property, including but not limited to, commercial, industrial, mixed use or apartment building of four units or more you are well aware that there are, in addition to physical characteristics of a property, certain market, cost and economic factors, which must be considered to ensure an objective, fair and equitable valuation. We would therefore appreciate your providing our office with all applicable information requested below. You may do so by either completing this form or by attaching a copy of your own records whichever is more convenient. Please return the completed form to the Assessing Department within thirty (30) days after receipt. "Failure of the applicant to comply with the provisions of this section within thirty days after such request shall bar him from any statutory appeal under this chapter unless the applicant was unable to comply with such request for reasons beyond his control or unless he attempted to comply in good faith."

MAP: \_\_\_\_\_ LOT: \_\_\_\_\_ CLASS CODE: \_\_\_\_\_ **COM/IND**

LOCATION: \_\_\_\_\_ DATE MAILED: \_\_\_\_\_  
DATE GIVEN: \_\_\_\_\_

**SECTION A: ANNUAL INCOME FOR CALENDAR YEAR: \_\_\_\_\_**

Please indicate UNITS and/or SPACES, which are owner occupied  
Please indicate vacant UNITS and/or SPACES and number of months vacant

<u>TENANT NAME</u>	<u>TYPE OF USE</u>	<u>LOC FLOOR #</u>	<u>SQ. FT. AREA</u>	<u>RENT PER MONTH</u>	<u>ANNUAL INCOME</u>	<u>LEASE BEGIN - END</u>
_____	_____	_____	_____	\$ _____	\$ _____	_____ - _____
_____	_____	_____	_____	\$ _____	\$ _____	_____ - _____
_____	_____	_____	_____	\$ _____	\$ _____	_____ - _____
_____	_____	_____	_____	\$ _____	\$ _____	_____ - _____
_____	_____	_____	_____	\$ _____	\$ _____	_____ - _____
_____	_____	_____	_____	\$ _____	\$ _____	_____ - _____
_____	_____	_____	_____	\$ _____	\$ _____	_____ - _____
<b>TOTALS:</b>				\$ _____	\$ _____	

GASOLINE STATIONS: CAPACITY: \_\_\_\_\_ Gallons, ANNUAL GALLONAGE: \_\_\_\_\_ Gallons  
(Please attach a copy of the Profit and Loss Statement)

MISCELLANEOUS INCOME: PARKING/GARAGE: # of SPACES \_\_\_\_\_ \$ \_\_\_\_\_/YEAR  
SIGNS/BILLBOARDS # of SIGNS \_\_\_\_\_ \$ \_\_\_\_\_/YEAR  
LAUNDRY, VENDING MACHINES, ETC. \$ \_\_\_\_\_/YEAR

DOCKING FACILITIES: LEASABLE LINEAR FT.: \_\_\_\_\_ \$ \_\_\_\_\_/LF \$ \_\_\_\_\_/YEAR  
No. of BOAT SLIPS: \_\_\_\_\_ \$ \_\_\_\_\_/SL \$ \_\_\_\_\_/YEAR

EXPENSES REIMBURSED BY TENANT: (Taxes, Utilities, Insurance, etc.)  
PLEASE BE SPECIFIC: \_\_\_\_\_ \$ \_\_\_\_\_/YEAR  
\_\_\_\_\_ \$ \_\_\_\_\_/YEAR  
\_\_\_\_\_ \$ \_\_\_\_\_/YEAR  
\_\_\_\_\_ \$ \_\_\_\_\_/YEAR

**ACTUAL TOTAL INCOME RECEIVED FROM RENTALS:** \$ \_\_\_\_\_

**SECTION B: ANNUAL OPERATING EXPENSES FOR CALENDAR YEAR: \_\_\_\_\_**

**\*\* (DO NOT INCLUDE REAL ESTATE TAXES OR DEBT SERVICE) \*\***

<u>MANAGEMENT:</u>	Fees & Commissions	\$ _____	
	Legal & Accounting	\$ _____	
	Advertising	\$ _____	\$ _____
<u>UTILITIES:</u>	Fuel (Oil/Gas)	\$ _____	
	Electricity	\$ _____	
	Water & Sewer	\$ _____	\$ _____
<u>MAINTENANCE:</u>	Wages & Benefits	\$ _____	
	Material & Supplies	\$ _____	
	Service & Repairs	\$ _____	
	Painting & Decorating	\$ _____	
	Trash & Snow Removal	\$ _____	
	Housekeeping	\$ _____	
	Contract Services	\$ _____	
	Miscellaneous	\$ _____	\$ _____
<u>INSURANCE:</u>	Circle: (1YR) or (3YR) Policy	\$ _____	\$ _____
<u>RESERVES:</u> (Over a 20-year period)	Roof Replacement	\$ _____	
	Plumbing & Electrical	\$ _____	\$ _____
<b>TOTAL ANNUAL OPERATING EXPENSES:</b>			\$ _____

**SECTION C: SALES AND MORTGAGE DATA (Fill out only if within the last 10 years)**

DATE of PURCHASE: \_\_\_\_\_ PURCHASE PRICE: \$ \_\_\_\_\_

Please indicate the amount if any, of the Purchase Price paid for consideration other than Real Estate.

ITEMS: \_\_\_\_\_ \$ \_\_\_\_\_

MORTGAGE: TERM: \_\_\_\_\_ YRS INTEREST: \_\_\_\_\_ % \$ \_\_\_\_\_

**CONSTRUCTION COST DATA (Fill out only if within the last 10 years)**

SITE IMPROVEMENT: YEAR: \_\_\_\_\_ AREA: \_\_\_\_\_ \$ \_\_\_\_\_

BUILDING: YEAR: \_\_\_\_\_ SIZE: \_\_\_\_\_ \$ \_\_\_\_\_

ADDITIONS: YEAR: \_\_\_\_\_ SIZE: \_\_\_\_\_ \$ \_\_\_\_\_

DEMOLITION: YEAR: \_\_\_\_\_ SIZE: \_\_\_\_\_ \$ \_\_\_\_\_

PAVING: YEAR: \_\_\_\_\_ SIZE: \_\_\_\_\_ \$ \_\_\_\_\_

OTHER YARD ITEMS: YEAR: \_\_\_\_\_ SIZE: \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL:** \$ \_\_\_\_\_

I hereby certify under pains and penalties of perjury that the information supplied in this requisition is true and accurate.

\_\_\_\_\_  
Signature of Owner or Agent

\_\_\_\_\_  
Date

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