



**TOWN OF STONINGTON**  
**DEPARTMENT OF ASSESSMENT**  
152 Elm Street • Stonington, Connecticut 06378  
(860) 535-5098 • Fax (860) 535-5052  
[www.stonington-ct.gov/assessment-department](http://www.stonington-ct.gov/assessment-department)  
email: [assessor@stonington-ct.gov](mailto:assessor@stonington-ct.gov)

April 5, 2019

Dear Property Owner:

The enclosed income and expense forms are due in the Department of Assessment on or before the **CLOSE OF BUSINESS on MAY 31, 2019**. A written response is required and failure to file a complete report on time shall result in the addition of a penalty equal to 10% of the assessed value of the property.

If another party (such as an accountant, tax service, property manager, or tenant) can best provide some or all of the requested information, please forward the forms to that party to complete in a timely manner. We may not have records that would provide us with the correct and/or current contact information for such parties. It is the property owner's responsibility to ensure the requested information is timely filed with our office. Penalties related to failure to file and/or to timely file and/or to completely file will be applied to the assessed value of the real estate in the next assessment year.

An extension of up to thirty (30) days may be granted for "good cause" upon written request to the assessor, when such request is received no later than May 1st.

The assessor and board of assessment appeals may waive penalties upon written request "*...if the owner of the real property required to submit the information is not the owner of such property on the assessment date for the grand list to which such penalty is added.*"

Marsha L. Standish, CCMA II, CCMC  
Director of Assessment

***Please Note – some forms may be double-sided***

***Forms are also available on our website at***  
***<http://www.stonington-ct.gov/assessors-office/pages/income-and-expense-forms>***  
***Property Information is available on website at***  
***<http://gis.stonington-ct.gov>***



# TOWN OF STONINGTON 2018 Annual Income and Expense Report

**RETURN TO:**  
Department of Assessment  
Town Hall, 152 Elm Street  
Stonington, CT 06378  
TEL • 860-535-5098  
FAX • 860-535-5052  
email: [assessor@stonington-ct.gov](mailto:assessor@stonington-ct.gov)

**Property Location:** \_\_\_\_\_ **Property Owner:** \_\_\_\_\_  
(Must be filled in) (Must be filled in)

**FILING INSTRUCTIONS** - The Department of Assessment is preparing for the revaluation of all real property located in Stonington. In order to fairly assess your real property, information regarding the property income and expenses is required. Connecticut General Statute §12-63c requires all owners of rental property to **annually** file this report. **The information filed and furnished with this report will remain confidential in accordance with §12-63c(b), which provides that actual rental and operating expenses shall not be a public record and is not subject to the provisions of §1-210 (Freedom of Information) of the Connecticut General Statutes.**

Please complete and return the completed forms to the Stonington Department of Assessment on or before **MAY 31, 2019**. Forms are also available on the Town of Stonington website @ [www.stonington-ct.gov](http://www.stonington-ct.gov). In accordance with §12-63c(d), of the Connecticut General Statutes, as amended, any owner of rental real property who fails to file this form timely 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.

**GENERAL INSTRUCTIONS** - Complete these forms for all rented or leased residential, commercial, retail, industrial or combination use property. Identify the property and address. **Provide information for the 2018 Calendar Year. TYPE/USE OF LEASED SPACE:** Indicate use of the leased space (i.e., office, retail, warehouse, restaurant, garage, etc.). **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, such as from ATMs, Kiosk, and etc. **OVERAGE:** Additional fee or rental income. This is usually based on a percentage of sales or income. **OPTION PROVISIONS/BASE RENT INCREASE:** Indicate the percentage or increment and time period. **PROPERTY EXPENSES & UTILITIES PAID BY TENANT:** Indicate the property expenses & utilities for which the tenant is responsible. Abbreviations may be used (e.g., "RE: for real estate taxes & "E" for electricity. **VERIFICATION OF PURCHASE PRICE** must be completed if the property was acquired on or after October 1, 2017.

**WHO SHOULD FILE** - **All individuals and businesses receiving this form should complete and return this form to the Dept of Assessment.** If you believe that you are not required to fill out this form, please call the number listed above to discuss your special situation. All properties which are rented or leased, including commercial, retail, industrial and residential properties, except "*such property used solely 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 rented and partially owner-occupied, this report **must** 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  AND SIGN THE DECLARATION ON THE OTHER SIDE OF THIS FORM**

**HOW TO FILE** - Each summary page should reflect information for a single property for the year of 2018. 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. **All property owners must sign and return this form and the Summary Report to the Department of Assessment on or before MAY 31, 2019 to avoid the Ten Percent (10%) Assessment penalty.**

**Extensions of up to 30 days may be granted upon a written request for "good cause" when such request is received in the Department of Assessment on or before May 1st.**

**A COMPUTER PRINT-OUT IS ACCEPTABLE AS LONG AS ALL THE REQUIRED INFORMATION IS PROVIDED**

**RETURN TO THE Department of Assessment ON OR BEFORE MAY 31, 2019**

[www.stonington-ct.gov](http://www.stonington-ct.gov)

*Please complete both sides of this form*

**VERIFICATION OF PURCHASE PRICE**

(Please complete this section if the property was acquired on or after October 1, 2017)

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

FIRST MORTGAGE	\$ _____	INTEREST RATE _____	%	PAYMENT SCHEDULE TERM _____	YEARS	(Check One) Fixed   Variable
SECOND MORTGAGE	\$ _____	INTEREST RATE _____	%	PAYMENT SCHEDULE TERM _____	YEARS	
OTHER	\$ _____	INTEREST RATE _____	%	PAYMENT SCHEDULE TERM _____	YEARS	

DID THE PURCHASE PRICE INCLUDE A PAYMENT FOR: Furniture? \$ \_\_\_\_\_ Equipment? \$ \_\_\_\_\_ Other(Specify) \$ \_\_\_\_\_

WAS THE SALE BETWEEN RELATED PARTIES? (CIRCLE ONE): YES NO APPROXIMATE VACANCY AT DATE OF PURCHASE \_\_\_\_\_ %

PROPERTY CURRENTLY LISTED FOR SALE? (CIRCLE ONE): YES NO

PROPERTY CURRENTLY LISTED FOR SALE? (CIRCLE ONE): YES NO

IF YES, LIST THE ASKING PRICE: \$ \_\_\_\_\_ DATE LISTED: \_\_\_\_\_ BROKER: \_\_\_\_\_

Remarks -- Please explain any special circumstances or reasons concerning your purchase (e.g., vacancy, conditions of sale, etc.): \_\_\_\_\_

**All Filers should complete the following Declaration :**

**DECLARATION**

I DO HEREBY DECLARE UNDER PENALTIES OF FALSE STATEMENT THAT THE INFORMATION CONTAINED HEREIN, 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 DEPT OF ASSESSMENT ON OR BEFORE THE CLOSE OF BUSINESS ON MAY 31, 2019

[www.stonington-ct.gov](http://www.stonington-ct.gov)

Please complete both sides of this form

**Town of Stonington Department of Assessment  
Marinas  
Income and Expense Survey for Calendar Year 2018  
(Due MAY 31, 2019)**

Information provided is CONFIDENTIAL, in accordance with Connecticut Law.

Map-Block-Lot: \_\_\_\_\_  
 Property Address: \_\_\_\_\_  
 Property Name: \_\_\_\_\_  
 Form Preparer/Position: \_\_\_\_\_  
 Telephone Number & email: \_\_\_\_\_ / \_\_\_\_\_

**Marina Characteristics-(see definitions that follow)**

Which of the following best describes your marina operation?

Marina:	<input type="checkbox"/>	Marina/Boatyard	<input type="checkbox"/>	Dockminium/cooperative	<input type="checkbox"/>
Dry Land Marina:	<input type="checkbox"/>	Yacht Club	<input type="checkbox"/>	Mixed Use	<input type="checkbox"/>
Boatyard	<input type="checkbox"/>	Park/Public Moorage	<input type="checkbox"/>	Other _____	<input type="checkbox"/>
Winter Storage	<input type="checkbox"/>				

Please provide a schedule of season and off-season rates for all facilities.

**In-Water facilities (Please complete all that apply)**

Type of Slips	No. of slips	Rate	Available Utilities	Boat Launching Facilities
Open-slips		\$	Electricity 110 <input type="checkbox"/>	Crane <input type="checkbox"/>
Covered		\$	Electricity 220 <input type="checkbox"/>	Forklift <input type="checkbox"/>
Enclosed		\$	Water <input type="checkbox"/>	Hydraulic Trailer <input type="checkbox"/>
Moorings		\$	Telephone <input type="checkbox"/>	Travel Lift & Well <input type="checkbox"/>
Total		\$	Cable TV <input type="checkbox"/>	Boat Ramp <input type="checkbox"/>
			Other _____ <input type="checkbox"/>	

Please identify the number of slips by length/width of slip and rental rate for each size category on a separate sheet of paper. Also please reflect rental basis (\$/l.f./month; \$/unit/season).

**Dry Land Facilities (Please complete all that apply)**

Dockside Services	Boat/Auto Storage	Size range	Additional Facilities	
Office <input type="checkbox"/>	Drystack <input type="checkbox"/> #		Over-night dockage <input type="checkbox"/>	Rental/Charter Service <input type="checkbox"/>
Fuel Facilities <input type="checkbox"/>	Oth. Indoor <input type="checkbox"/> #		Retail Store <input type="checkbox"/>	Laundry <input type="checkbox"/>
Engine Repair <input type="checkbox"/>	Outdoor <input type="checkbox"/> #		Restaurant <input type="checkbox"/>	Showers <input type="checkbox"/>
FbrGlass Repair <input type="checkbox"/>	Auto spaces <input type="checkbox"/> #		Apartments <input type="checkbox"/>	Restrooms <input type="checkbox"/>
Dry Sailor Spots <input type="checkbox"/>			Lockers <input type="checkbox"/>	Portalet <input type="checkbox"/>

**Product and Service Income**

Slips/Mooring	\$ _____
Slips/Mooring Available for Transients	_____
Storage/Hauling	_____
Launch Service	_____
Repair Service	_____
Fuel/Oil Sales	_____
Retail Sales	_____
Food Service	_____
Apartment/Lodging Income	_____
Utility Charges/Miscellaneous Income	_____
<b>Total Revenue</b>	<b>\$ _____</b>

**Annual Operating Expenses:**

Fixed Expenses

Real Estate Taxes: Tenant _____ or Owner _____	\$ _____
Personal Property Taxes	_____
Rent: Building/Docks/Land	_____
Rent: Equipment	_____
Insurance	_____
Total Fixed Expenses	\$ _____

Variable Expenses

Owner's Salary/Management Fee	\$ _____
Administrative/General	_____
Repairs/Maintenance	_____
Utilities (Heat, Light, Power)	_____
Trash Removal	_____
Sales/Marketing	_____
Salaries, Payroll and Related Benefits	_____
Total Variable Expenses	\$ _____

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

**Net Operating Income** \$ \_\_\_\_\_

Do any of the figures include capital expenditures or extraordinary costs which vary from typical operating expenses? If yes, explain: \_\_\_\_\_

Please provide comments or Additional information (may be attached).

\_\_\_\_\_  
*Signature / Printed Name / Position*

\_\_\_\_\_  
*Date*

## **Marinas**

### **Income and Expense Survey for Calendar Year 2018**

#### **Definitions**

**“Boatyard”** means a facility that is intended to provide complete construction and repair services for all manner of marine craft in addition to such dry storage as may be found complimentary to the primary use.

**“Dry (land) boat storage”** means a space on dry land or within a building which is rented to the public for the purpose of storing boats.

**“Marina”** means a facility that provides wet moorage or dry storage, supplies, and services for pleasure craft and some types of commercial craft. Boat-launching facilities may also be provided at a marina.

**“Marina/Boatyard”** The purpose of this operation is to provide boat repair and storage services. The fueling of resident and transient crafts is permitted.

**“Moorage”** means any over-water facility for securing boats, including docks, piers, and mooring buoys, but excluding anchorage and dry boat storage.