



Annual Income and Expense Report

4/24/2025

Filing year 2024

FOR PROPERTY LOCATED AT:

DUE JUNE 1, 2025

RETURN TO:

NAME:

ADDRESS:

CITY, STATE, ZIP:

Town of Portland ASSESSOR
33 East Main ST / PO Box 71
Portland, CT 06480

TEL • (860) 342-6744

FAX • (860) 342-6738

EMAIL: assessor@portlandct.org

FILING INSTRUCTIONS - The Assessor's Office is preparing for the revaluation of all real property located in Portland CT. In order to fairly assess your real property, information regarding the property income and expenses is required. Connecticut General Statutes §12-63c requires all owners of rental real 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 Section §1-210 (Freedom of Information).**

GENERAL INSTRUCTIONS - Complete this form for all rented or leased commercial, retail, industrial or combination property. Identify the property and address. **Provide Annual information for the Calendar Year 2024.** **TYPE/USE OF LEASED SPACE:** Indicate use the leased space is being utilized for (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. **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). **VERIFICATION OF PURCHASE PRICE** must be completed if the property was acquired on or after January 1, 2021.

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 your special situation. All commercial, retail, industrial and residential properties, properties which are rented or leased, including 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 rented and partially owner-occupied this report must be filed.

HOW TO FILE - Each summary page should reflect information for a single property for the year of 2024. 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. A computer print-out is acceptable as long as all the required information is provided. **All property owners must sign & return this form to the Portland Assessor's Office on or before June 1, 2024 to avoid the Ten Percent (10%) penalty.**

Please complete and return the completed form to the Portland Assessor's Office by on or before June 1st, 2025. In accordance with Section §12-63c(d), of the Connecticut General Statutes, as amended, any owner of rental real property who fails to file this form 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.

INCOME & EXPENSE FORMS ARE AVAILABLE ONLINE [HTTPS://WWW.PORTLANDCT.ORG/ASSESSOR](https://www.portlandct.org/assessor)

RETURN TO THE ASSESSOR ON OR BEFORE JUNE 1, 2025



Marinas

Income and Expense Survey for Calendar Year 2024

Information provided is **CONFIDENTIAL**, in accordance with Connecticut Law.

Property Name _____

Property Address _____ Map-Lot#: _____

Form Preparer/Position _____

Telephone Number / Email _____ / _____

Marina Characteristics

Which of the following best describes your marina operation?

- | | | |
|--|--|---|
| <input type="checkbox"/> 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"/> Winter Storage |
| <input type="checkbox"/> Other: _____ | | |

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

In-Water Facilities (Please complete all that apply.)

<u>No. of Spaces</u>	<u>No. of Slips</u>	<u>Rate</u>	<u>* Available Utilities</u>	<u>Boat Launching Facilities</u>
Open	_____	_____	Electricity 110	Crane
Covered	_____	_____	Electricity 220	Forklift
Enclosed	_____	_____	Water	Hydraulic Trailer
Other	_____	_____	Cable TV	Travel Lift & Well
Total	_____	_____ POI	Other: _____	

Please identify the number of slips by the 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.)

<u>Dockside Services</u>	<u>Boat/Auto Storage</u>	<u>Size Range</u>	<u>Additional Facilities</u>
<input type="checkbox"/> Office	<input type="checkbox"/> Drystack: #	<input type="checkbox"/> Overnight Dockage	<input type="checkbox"/> Rental/Charter Service
<input type="checkbox"/> Fuel Facilities	<input type="checkbox"/> Other 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"/> Fiberglass Repair	<input type="checkbox"/> Auto Spaces: #	<input type="checkbox"/> Apartments	<input type="checkbox"/> Restrooms

Product and Service Income

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	\$	_____
Total Revenue	\$	_____

Annual Operating Expenses:

Fixed Expenses

Property Taxes	\$	_____
Personal Property Taxes	\$	_____
Rent: Building/Docks/Land	\$	_____
Rent: Equipment	\$	_____
Insurance	\$	_____
Total Fixed Expenses	\$	_____

Variable Expenses

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

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, please explain:

Comments and/or additional information may be attached.

Signature/Position

Date

RETURN TO THE ASSESSOR ON OR BEFORE JUNE 1, 2025