

ESSEX COUNTY BOARD OF TAXATION

STATEMENT OF INCOME AND EXPENSE

(To be filed with each appeal on income producing property)

To be reported for your last fiscal year ending October 1, _____

Name of Owner

Address

City

Municipality

Block: _____ Lot: _____ Qual: _____

Estimate age of property: _____ years
Estimate remaining economic life of property: _____ years

INCOME

Itemize income for each individual income producing unit of any kind. The gross rent from leases entered into and assign reasonable rent to unoccupied & non-rented units and indicate if estimated. (A rent schedule may be substituted).

<u>Space Description</u>	<u>Rental per SF</u>	<u>Monthly Rental</u>
_____ @ _____	\$ _____	_____
_____ @ _____	\$ _____	_____
_____ @ _____	\$ _____	_____
_____ @ _____	\$ _____	_____
_____ @ _____	\$ _____	_____
_____ @ _____	\$ _____	_____
_____ @ _____	\$ _____	_____
_____ @ _____	\$ _____	_____
_____ @ _____	\$ _____	_____
_____ @ _____	\$ _____	_____
_____ @ _____	\$ _____	_____
_____ @ _____	\$ _____	_____
_____ @ _____	\$ _____	_____
Other Income:		_____
Total Gross Income per Month:		\$ _____
Total Gross Annual Income:		\$ _____
Annual Rent Loss by Reason of Vacancies for past 12 months:		\$ _____
Actual Net Rental Income for Last Fiscal Year:		\$ _____

(Submit copies of all leases)

Allowances for Replacement - Table 1

<u>Item</u>	<u>Life Expectancy (Years)</u>	<u>Number</u>	<u>Annual Allowance</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
Total Allowances for Replacements:			\$ _____

USE ADDITIONAL SHEETS AS NECESSARY TO FURNISH COMPLETE INFORMATION

I hereby certify that the information furnished herein, or attached hereto, is true, correct and a full statement of the income & expenses associated with the above captioned property, to the best of my knowledge and belief.

Subscribed and Sworn before me

This _____ day of _____ of _____
at _____
City or Town

Notary Public

EXPENSES

Fixed Expenses:

Insurance, Fire & Extended coverage (Annual basis) \$ _____

Taxes:

 Owners share \$ _____

 Tenants share \$ _____

Total Fixed Charges: \$ _____

Operating Expenses:

Heating Costs: _____

Utilities

 Water & Sewer: \$ _____

 Electric & Gas: \$ _____

 Other: \$ _____

Management _____ % \$ _____

Maintenance & Repairs

 Itemize & explain: \$ _____

Superintendent

 Apartment: \$ _____

 Salary: \$ _____

Other Wages, etc.: \$ _____

Painting & Decorating: \$ _____

Other Expenses:

Miscellaneous \$ _____

Total Operating Expenses: \$ _____

Total Allowances for Replacements (from Table 1) \$ _____

TOTAL EXPENSES: \$ _____

Remarks: _____

Other Information:

Mortgage Amount: _____

Interest: _____

Principal: _____

Date of Mortgage: _____

Terms of Mortgage (Include Type, Term & interest rate, etc.) _____