



SEEKONK BOARD OF ASSESSORS
TOWN HALL
 100 Peck Street, Seekonk, MA 02771
 Tel# (508) 336-2980
 tgabriel@seekonk-ma.gov

Parcel Information:

January 9, 2017

All information supplied is confidential and protected from public disclosure. [CH 59 S52B] Return this form within sixty (60) days.

Dear Property Owner:

The **Seekonk Board of Assessors** is requesting INCOME AND EXPENSE information on **COMMERCIAL, INDUSTRIAL,** and APARTMENT properties to help us determine equitable values for assessment purposes. This request is for income and expense information relative to the operation of **real estate** and not the business use with the real estate. We appreciate the cooperation that you have shown the Board in the past.

When determining commercial property values, the Board must weigh financial as well as physical attributes. By completing and returning the enclosed form, you help ensure the development of a sound basis to estimate the income approach to value. Please be aware that this information will be used only to determine 'market' income and expense levels for commercial and industrial properties. In accordance with State Law, all information listed on the forms is **not** available to the public for inspection. [CH 59 S52B]

While it is in the best interest of property owners to contribute to the establishment of fair assessments, Massachusetts Law also requires such disclosure:

Section 38D of Chapter 59

Written Return of Information to Determine Valuation of Real Property

The board of assessors may request the owner or lessee of any real property to make a written return under oath within *sixty days* containing such information as may reasonably be required by it to determine the actual fair cash valuation of such property.

Failure of an owner or lessee of real property to comply with such request within *sixty days* after it has been made shall bar him from any statutory appeal under this chapter, unless such owner or lessee was unable to comply with such request for reasons beyond his control. If any owner or lessee of real property in a return made under this section makes any statement that he knows to be false in a material particular, such false statement shall bar him from any statutory appeal under this chapter.

If an owner or lessee of real property fails to submit such information within the time and in the form prescribed, in addition to any other penalties, there shall be added to the real property tax levied upon the property in question for the next ensuing tax year the amount of two hundred fifty dollars; provided, however, that the board of assessors informed said owner or lessee that failure to so submit such information would result in said penalty.

Please note: Massachusetts General Law provides that failure to respond timely and accurately to this information request within sixty (60) days of the postmarked date shall cause you to lose your right to appeal your assessment and will result in the levy of a two hundred fifty dollar (\$250) penalty. [CH 59 S38D]

The Board of Assessors thanks you for your cooperation.

I certify under the pains and penalties of perjury that the information supplied herewith is true and correct:

Submitted by: _____ Title: _____ Phone: _____

Signature: _____ Date: _____

PROPERTY LOCATION:

Annual Expenses for All Property Uses

Primary Unit #	Property Location:		Expenses for Calendar Year: 2015	
Unit #	Landlord Amount	Tenant Amount	Landlord Amount	Tenant Amount
Management & Administrative				
Management Wages or Fee	\$	\$		\$
Legal & Accounting	\$	\$		\$
Security Wages	\$	\$		\$
Payroll	\$	\$		\$
Group Insurance	\$	\$		\$
Telephone	\$	\$		\$
Advertising	\$	\$		\$
Commissions	\$	\$		\$
Other	\$	\$		\$
Total	\$	\$		\$
Repairs & Alterations				
Exterior	\$	\$		\$
Interior	\$	\$		\$
Mechanical	\$	\$		\$
Electrical	\$	\$		\$
Plumbing	\$	\$		\$
Total	\$	\$		\$
Utilities				
Electricity	\$	\$		\$
Gas	\$	\$		\$
Oil	\$	\$		\$
Water	\$	\$		\$
Sewer	\$	\$		\$
Total	\$	\$		\$
Comments:				

Annual Expenses for All Property Uses

Primary Unit #	Property Location:		Expenses for Calendar Year: 2016	
Unit #	Landlord Amount	Tenant Amount	Landlord Amount	Tenant Amount
Management & Administrative				
Management Wages or Fee	\$	\$		\$
Legal & Accounting	\$	\$		\$
Security Wages	\$	\$		\$
Payroll	\$	\$		\$
Group Insurance	\$	\$		\$
Telephone	\$	\$		\$
Advertising	\$	\$		\$
Commissions	\$	\$		\$
Other	\$	\$		\$
Total	\$	\$		\$
Repairs & Alterations				
Exterior	\$	\$		
Interior	\$	\$		\$
Mechanical	\$	\$		\$
Electrical	\$	\$		\$
Plumbing	\$	\$		\$
Total	\$	\$		\$
Utilities				
Electricity	\$	\$		\$
Gas	\$	\$		\$
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Dear Property Owner:

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If an owner or lessee of real property fails to submit such information within the time and in the form prescribed, in addition to any other penalties, there shall be added to the real property tax levied upon the property in question for the next ensuing tax year the amount of fifty dollars; provided, however, that the board of assessors informed said owner or lessee that failure to so submit such information would result in said penalty.

Please note: Massachusetts General Law provides that failure to respond timely and accurately to this information request within sixty (60) days of the postmarked date shall cause you to lose your right to appeal your assessment and will result in the levy of a fifty dollar (\$50) penalty. [CH 59 S38D]

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I certify under the pains and penalties of perjury that the information supplied herewith is true and correct:

Submitted by: _____ Title: _____ Phone: _____

Signature: _____ Date: _____

PROPERTY LOCATION:

Property Location:	Mixed Use Property	Calendar Year: 2015
Parcel ID:	Rental Income Statement	

Commercial Lease Information: Please provide information on current leases as of January 1st.

Floor Level	Tenant Name	Type of Space	Leased Area (Sq. ft.)	Rent per SF on Jan. 1st	Lease Terms			
					Annual Rent	Start Date (Mo/Yr)	Term in years	Basis Gross, Net, NNN
				\$	\$			
				\$	\$			
				\$	\$			
				\$	\$			
				\$	\$			
				\$	\$			
				\$	\$			
				\$	\$			
				\$	\$			

Residential Rental Information: Please provide the following rental information.

The effective reporting date is January 1st.				Rent Incentives		Lease Terms			
Unit Type	Total # of Units	Rent per Month	Annual Rent	Free Rent	Free # of Months	Lease Start Date (Mo/Yr)	Heat (Y/N)	Elect (Y/N)	Lease or TAW
Studio		\$		\$					
		\$		\$					
One Bedroom		\$		\$					
		\$		\$					
Two Bedroom		\$		\$					
		\$		\$					
Three Bedroom		\$		\$					
		\$		\$					
Four Bedroom		\$		\$					
		\$		\$					
Weekly		\$		\$					
		\$		\$					

I certify under the pains and penalties of perjury that the information supplied herewith is true and correct:

Submitted by: _____ Title: _____ Phone: _____

Signature: _____ Date: _____

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Parcel ID:	Rental Income Statement	

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					Annual Rent	Start Date (Mo/Yr)	Term in years	Basis Gross, Net, NNN
				\$	\$			
				\$	\$			
				\$	\$			
				\$	\$			
				\$	\$			
				\$	\$			
				\$	\$			
				\$	\$			
				\$	\$			

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		\$		\$					
Three Bedroom		\$		\$					
		\$		\$					
Four Bedroom		\$		\$					
		\$		\$					
Weekly		\$		\$					
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Commissions	\$	\$	\$	\$
Other	\$	\$	\$	\$
Total	\$	\$	\$	\$
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Exterior	\$	\$	\$	\$
Interior	\$	\$	\$	\$
Mechanical	\$	\$	\$	\$
Electrical	\$	\$	\$	\$
Plumbing	\$	\$	\$	\$
Total	\$	\$	\$	\$
Utilities				
Electricity	\$	\$	\$	\$
Gas	\$	\$	\$	\$
Oil	\$	\$	\$	\$
Water	\$	\$	\$	\$
Sewer	\$	\$	\$	\$
Total	\$	\$	\$	\$
Other Expenses				
Real Estate Taxes	\$	\$	\$	\$
Reserve for Replacement	\$	\$	\$	\$
Apartments for Employees	\$	\$	\$	\$
Insurance (1 Yr. Premium)	\$	\$	\$	\$
Total	\$	\$	\$	\$
Comments:				