



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

January 31, 2020



All information supplied is confidential and protected from public disclosure.
[CH 59 §52B] Return this form within sixty (60) days.

FY2021

Dear Property Owner:

The **Seekonk Board of Assessors** is requesting INCOME AND EXPENSE information on **COMMERCIAL, INDUSTRIAL, and MULTI-USE (APARTMENTS, ETC.)** 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 shown to the Board in the past.

When determining income producing 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 and apartments. In accordance with State Law, all information listed on the forms is **not** available to the public for inspection. [CH 59 §52B]

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**

A 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 60 days after it has been made by the board of assessors shall be automatic grounds for dismissal of a filing at the appellate tax board. The appellate tax board and the county commissioners shall not grant extensions for the purposes of extending the filing requirements unless the applicant was unable to comply with such request for reasons beyond his control or unless he attempted to comply in good faith. If any owner or lessee of real property in a return made under this section makes any statement which 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 Class one, residential (e.g. apartment) property fails to submit the information within the time and in the form prescribed, the owner shall be assessed an additional penalty for the next ensuing tax year in the amount of **\$50** but only if the board of assessors informed the owner or lessee that failure to submit such information would result in the penalty.

If an owner or lessee of Class three, commercial or Class four, industrial property fails to submit the information within the time and in the form prescribed, the owner or lessee shall be assessed an additional penalty for the next ensuing tax year in the amount of **\$250** but only if the board of assessors informed the owner or lessee that failure to so submit such information would result in the 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.

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: _____

LOCATION: COMMERCIAL & INDUSTRIAL PROPERTY **Income for Calendar Year: 2018**

Parcel ID: Lease / Rental Terms

Tenant Name	Use	Floor Level	Leased Area (Sq. Ft.)	Gross, Net Or NNN	Lease Start Date (Month/Yr)	Lease End Date (Month/Yr)	Renewal Options	Overage or Percentage	Escalation Clause	Monthly Rent	Annual Rent

OTHER INCOME: Cell Towers, Billboards, Vending, Parking

Source	Monthly Amount	Annual Collected	Comments:
	\$	\$	
	\$	\$	
	\$	\$	

Calendar Year Income Summary

Total Potential Gross Income	Total Concessions	Total Vacancies	Total Collection Loss	Total Parking Income	Total Other Income	Total Rent Collected
\$	(\$)	(\$)	(\$)	\$	\$	\$

LOCATION: COMMERCIAL & INDUSTRIAL PROPERTY **Income for Calendar Year: 2019**

Parcel ID: Lease / Rental Terms

Tenant Name	Use	Floor Level	Leased Area (Sq. Ft.)	Gross, Net Or NNN	Lease Start Date (Month/Yr)	Lease End Date (Month/Yr)	Renewal Options	Overage or Percentage	Escalation Clause	Monthly Rent	Annual Rent

OTHER INCOME: Cell Towers, Billboards, Vending, Parking

Source	Monthly Amount	Annual Collected	Comments:
	\$	\$	
	\$	\$	
	\$	\$	

Calendar Year Income Summary

Total Potential Gross Income	Total Concessions	Total Vacancies	Total Collection Loss	Total Parking Income	Total Other Income	Total Rent Collected
\$	(\$)	(\$)	(\$)	\$	\$	\$

Annual Expenses for All Property Uses

Expenses for Calendar Year: 2018

Parcel ID:

Location:

	Landlord Amount	Tenant Amount		Landlord Amount	Tenant Amount
Management & Administrative			Maintenance & Cleaning		
Management Wages or Fee	\$	\$	Wages	\$	\$
Legal & Accounting	\$	\$	Supplies	\$	\$
Security Wages	\$	\$	Maint. Service Contract Fee	\$	\$
Payroll	\$	\$	Grounds Keeping	\$	\$
Group Insurance	\$	\$	Rubbish Removal	\$	\$
Telephone	\$	\$	Snow Removal	\$	\$
Advertising	\$	\$	Exterminator	\$	\$
Commissions	\$	\$	Other	\$	\$
Other	\$	\$		\$	\$
Total	\$	\$	Total	\$	\$
Repairs & Alterations			Capital Improvements		
Exterior	\$	\$	Description		
Interior	\$	\$		\$	\$
Mechanical	\$	\$		\$	\$
Electrical	\$	\$		\$	\$
Plumbing	\$	\$		\$	\$
Total	\$	\$	Total	\$	\$
Utilities			Other Expenses		
Electricity	\$	\$	Real Estate Taxes	\$	\$
Gas	\$	\$	Reserve for Replacement	\$	\$
Oil	\$	\$	Apartments for Employees	\$	\$
Water	\$	\$	Insurance (1 yr. Premium)	\$	\$
Sewer	\$	\$		\$	\$
Total	\$	\$	Total	\$	\$

Comments:

Annual Expenses for All Property Uses

Parcel ID:	Location:	Expenses for Calendar Year: 2019			
		Landlord Amount	Tenant Amount	Landlord Amount	Tenant Amount
Management & Administrative	Maintenance & Cleaning				
Management Wages or Fee	Wages	\$	\$	\$	\$
Legal & Accounting	Supplies	\$	\$	\$	\$
Security Wages	Maint. Service Contract Fee	\$	\$	\$	\$
Payroll	Grounds Keeping	\$	\$	\$	\$
Group Insurance	Rubbish Removal	\$	\$	\$	\$
Telephone	Snow Removal	\$	\$	\$	\$
Advertising	Exterminator	\$	\$	\$	\$
Commissions	Other	\$	\$	\$	\$
Other		\$	\$	\$	\$
Total	Total	\$	\$	\$	\$
Repairs & Alterations	Capital Improvements				
Exterior	Description	\$	\$	\$	\$
Interior		\$	\$	\$	\$
Mechanical		\$	\$	\$	\$
Electrical		\$	\$	\$	\$
Plumbing		\$	\$	\$	\$
Total	Total	\$	\$	\$	\$
Utilities	Other Expenses				
Electricity	Real Estate Taxes	\$	\$	\$	\$
Gas	Reserve for Replacement	\$	\$	\$	\$
Oil	Apartments for Employees	\$	\$	\$	\$
Water	Insurance (1 yr. Premium)	\$	\$	\$	\$
Sewer		\$	\$	\$	\$
Total	Total	\$	\$	\$	\$
Comments:					



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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: _____

LOCATION:	Mixed Use Property	Calendar Year: 2018
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: _____

LOCATION:	Mixed Use Property	Calendar Year: 2019
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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Two Bedroom		\$		\$					
		\$		\$					
Three Bedroom		\$		\$					
		\$		\$					
Four Bedroom		\$		\$					
		\$		\$					
Weekly		\$		\$					
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Submitted by: _____ Title: _____ Phone: _____

Signature: _____ Date: _____

Annual Expenses for All Property Uses

Parcel ID: _____ **Location:** _____ **Expenses for Calendar Year: 2018**

	Landlord Amount	Tenant Amount		Landlord Amount	Tenant Amount
Management & Administrative			Maintenance & Cleaning		
Management Wages or Fee	\$	\$	Wages	\$	\$
Legal & Accounting	\$	\$	Supplies	\$	\$
Security Wages	\$	\$	Maint. Service Contract Fee	\$	\$
Payroll	\$	\$	Grounds Keeping	\$	\$
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Telephone	\$	\$	Snow Removal	\$	\$
Advertising	\$	\$	Exterminator	\$	\$
Commissions	\$	\$	Other	\$	\$
Other	\$	\$		\$	\$
Total	\$	\$	Total	\$	\$
Repairs & Alterations			Capital Improvements		
Exterior	\$	\$	Description		
Interior	\$	\$		\$	\$
Mechanical	\$	\$		\$	\$
Electrical	\$	\$		\$	\$
Plumbing	\$	\$		\$	\$
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Utilities			Other Expenses		
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Comments:					

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Comments:					