



Board of Assessors
City of Gardner
95 Pleasant Street, Room 226
Gardner, MA 01440

Parcel Information:

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

Dear Property Owner:

The Board of Assessors is requesting INCOME AND EXPENSE information on COMMERCIAL, INDUSTRIAL, and APARTMENT (residential) 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 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

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 : ____/____/____

INCOME AND EXPENSE FORM
HOTELS/MOTELS
FOR 12 MONTHS ENDING DECEMBER 1, 2015

Please Return to:
Gardner Assessors Office
95 Pleasant St, Rm 226
Gardner, MA 01440

THIS IS A TWO SIDED DOCUMENT
SIGNATURE IS REQUIRED ON SECOND PAGE

Parcel Location: _____
Parcel Map and Lot: _____
Parcel Owner Name: _____
Use Code: _____

TO BE FILED BY MARCH 1, 2016

SECTION I: GENERAL DATA

Total number of Available Rooms: _____

Room Configuration (Number of rooms in each category)/ Rates

Room Type	# of Units	Rent per Unit per Day	Rent per Unit per Week
Single		\$	\$
Double		\$	\$
King		\$	\$
Suite		\$	\$
Other		\$	\$

Annual Occupancy (Percent): _____

Annual Average Daily Rate (ADR): \$ _____

Segmentation of Annual Occupancy:	Transient	Corporate	Group	Other	Total
Percentage of Annual Occupancy					100%
ADR for each segment					

SECTION II: ANNUAL INCOME FOR CALENDAR YEAR 2015

1. Description	Amount
2. Rooms	\$
3. Conference Facilities	\$
4. Food and Beverage	\$
5. Telephone	\$
6. Other Rents	\$
7. Other (Describe)	\$
8. Other (Describe)	\$
9. TOTAL ANNUAL INCOME (Add lines 1 through 8)	\$

SECTION III: ROOM NIGHTS SOLD CALENDAR YEAR 2015

Total number of Room Nights available in 2014: _____

Total number of Room Nights sold in 2014: _____

SECTION IV: EXPENSES FOR CALENDAR YEAR 2015

If entering "Other", please describe.

Expense Type	Amount	Expense Type	Amount
1. Management Fee	\$	20. Maintenance Contract Fee	\$
2. Legal/Accounting	\$	21. Maintenance Supplies	\$
3. Security	\$	22. Maintenance Groundskeeping	\$
4. Payroll	\$	23. Maintenance Trash Removal	\$
5. Group Insurance	\$	24. Maintenance Snow Removal	\$
6. Telephone	\$	25. Maintenance Exterminator	\$
7. Advertising	\$	26. Maintenance Elevator	\$
8. Commissions	\$	27. Insurance (1 Year Premium)	\$
9. Repairs Exterior	\$	28. Reserves for Replacement	\$
10. Repairs Interior	\$	29. Travel	\$
11. Repairs Mechanical	\$	30. Other	\$
12. Repairs Electrical	\$	31. Other	\$
13. Repairs Plumbing	\$	32. Other	\$
14. Utilities Gas	\$	33. FFE on Reserves	\$
15. Utilities Oil	\$	34. FFE of Reserves	\$
16. Utilities Electricity	\$	35. TOTAL (add Lines 1 thru 34)	
17. Utilities Water	\$	36. Real Estate Taxes	
18. Utilities Sewer	\$		
19. Maintenance Wages	\$		

SECTION V: SIGNATURE

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

Submitted by: (Please print) _____
 Title: _____
 Signature of owner or preparer: ... _____
 Phone: _____
 Date: _____