



**Town of Stratford - Assessor's Office
Marinas**

Income and Expense Report for Calendar Year 2018

Information provided is CONFIDENTIAL, in accordance with Connecticut Law.

Property Location: _____ Owner of Record: _____
Mailing Address: _____ City, State, Zip : _____
Property ID _____ Contact Person: _____
Phone: _____ email: _____

GENERAL INSTRUCTIONS: This form should be completed using the annual information for calendar year 2018, for all rented or leased commercial, retail, industrial or combination property. Identify the property and address; provide all income derived from this property, all expenses related to this property and any vacant space. The vacant space information should contain the terms you are marketing for this space. Complete Verification of Purchase price information if purchased within the last twenty-four months.

Each summary page should reflect information for a single property for the year of 2018. 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.

General Data

Name of Facility: _____
Year Built _____ Year of last Renovation: _____
Description of work: _____ Cost: _____

Marina Characteristics

Which of the following best describes your marina operation? (Please check all that apply)

- Marina
- Marina/Boatyard
- Dockominium/Cooperative
- Dry Land Marina
- Yacht Club
- Mixed use
- Boatyard
- Park/Public Moorage
- Winter Storage
- Other: _____

Amenities, Facilities, and Dockside Services

- Apartments
- Boat Rental
- Boat Sales
- Boating Store
- Cable
- Charter Services
- Crane
- Dry Dock Storage
- Electricity
- Floating Docks
- Forklift
- Fuel Facilities
- Ground Transportation
- Hydraulic Trailer
- Ice
- Laundry
- Moorings
- Office
- Overnight Dockage
- Pool
- Picnic Groves
- Potable Water
- Pump out Facilities
- Repair/Service
- Restaurant
- Restrooms
- Security
- Showers
- Snack Machines
- Storage Boxes
- Transient Slips
- Travel Lift & Well
- WiFi
- Other: _____



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Slip Information

Please identify the number of slips by the length/width of slip and rental rate for each size Also state if the dollar per lineal foot is per month or dollar per season.

Total Number of Summer Slips _____

<u>Size</u>	<u># of Slips</u>	<u>Max Length</u>	<u>Rate</u>	<u>per Month/Season</u>	<u>Utility Cost</u>
				<small>(Circle which applies)</small>	<small>(Utilities, Water, Electric, Cable WiFi)</small>
Small	_____	_____	\$ _____	_____	\$ _____
Medium	_____	_____	\$ _____	_____	\$ _____
Large	_____	_____	\$ _____	_____	\$ _____
Extra Large	_____	_____	\$ _____	_____	\$ _____

Rate for Off Season Slips _____

<u>Size</u>	<u># of Slips</u>	<u>Max Length</u>	<u>Rate</u>	<u>per Month/Season</u>	<u>Utility Cost</u>
				<small>(Circle which applies)</small>	<small>(Utilities, Water, Electric, Cable WiFi)</small>
Small	_____	_____	\$ _____	_____	\$ _____
Medium	_____	_____	\$ _____	_____	\$ _____
Large	_____	_____	\$ _____	_____	\$ _____
Extra Large	_____	_____	\$ _____	_____	\$ _____

Total Number of Winter Slips _____

Please identify the number of slips, maximum length, rate for open storage, covered storage and enclosed storage. Also state if the dollar per lineal foot is per month or if dollar per season.

<u>Size</u>	<u># of Slips</u>	<u>Length</u>	<u>Open</u>	<u>Covered</u>	<u>Enclosed</u>	<u>Per Month/Season</u>
Small	_____	_____	\$ _____	\$ _____	\$ _____	_____
Medium	_____	_____	\$ _____	\$ _____	\$ _____	_____
Large	_____	_____	\$ _____	\$ _____	\$ _____	_____
Extra Large	_____	_____	\$ _____	\$ _____	\$ _____	_____

Total Number of Moorings _____

<u>Size</u>	<u># of Moorings</u>	<u>Max Length</u>	<u>Rate</u>	<u>per Month/Season</u>
				<small>(Circle which applies)</small>
Small	_____	_____	\$ _____	_____
Medium	_____	_____	\$ _____	_____
Large	_____	_____	\$ _____	_____
Extra Large	_____	_____	\$ _____	_____



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Annual Gross Income

Summer Slips _____
 Off Season Slips _____
 Winter Slips _____
 Moorings _____
 Storage/Hauling _____
 Launch Service _____
 Repair & Service _____
 Fuel Services _____
 Retail Sales _____
 Food Service _____
 Ice/Vending Services _____
 Apartment/Lodging _____
 Utilities (Water, Electric, Cable, WiFi) _____
 Other (Define) _____

Total Income _____

Annual Cost of Goods Sold

Repair & Service _____
 Fuel _____
 Retail Sales _____
 Food & Beverage _____
 Other (Define) _____

Total Cost of Goods Sold _____

Effective Annual Income \$ _____

(Total income – Cost of Goods Sold)



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Annual Operating Expenses

Advertising	_____
Administrative	_____
Electric	_____
Heat	_____
Insurance	_____
Management	_____
Payroll	_____
Repair and Maint: Building	_____
Repair and Maint: Grounds	_____
Repair and Maint: Docks & Moorings	_____
Reserves for Replacement (Attach Detail)	_____
Rubbish Removal	_____
Security	_____
Sewer	_____
Snow Removal	_____
Supplies (Office, Cleaning,)	_____
Water	_____
Other (Define)_____	_____
Other (Define)_____	_____
Other (Define)_____	_____
Other (Define)_____	_____

Total Operating Expenses \$ _____

Net Operating Income \$ _____
 (Effective Annual Income – Total Operating Expenses)

Please include a copy of your year-end Income Summary.

Do any of the figures include capital expenditures or extraordinary costs which vary from typical operating expenses? Yes No

If yes, explain: _____

Please attach comments or other information on a separate page.



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Verification of Purchase Price

Purchase Price	\$ _____	Down Payment	_____	Date of Purchase	_____	(Check One)	
Date of Last Appraisal	_____	Appraisal Firm	_____	Appraised Value	_____		
First Mortgage	\$ _____	Interest Rate	_____ %	Payment Schedule Term	_____	Years	
Second Mortgage	\$ _____	Interest Rate	_____ %	Payment Schedule Term	_____	Years	
Other	\$ _____	Interest Rate	_____ %	Payment Schedule Term	_____	Years	
Chattel Mortgage	\$ _____	Interest Rate	_____ %	Payment Schedule Term	_____	Years	

Did the purchase price include payment for furniture and or equipment ? Yes No

Has the property been listed for sale since your purchase? Yes No If, Yes please state Asking Price _____, Date Listed _____, Broker _____

Remarks: Explain special circumstances or reason for your purchase. _____

Signature and Affidavit of Facts

As Required by Section 12-63c (d), of the Connecticut General Statutes, as amended, any owner of rental real property who fails to file this form, 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.

Any form returned incomplete will not be accepted and be subject to the 10 percent penalty. Any form received after May 31, 2019, will have a 10% penalty applied to the October 1, 2018 Grand List billing cycle.

I do hereby declare under penalties of false statement that the information provided is according to the best of my knowledge, remembrance and belief, is a complete and true statement of all the income and expenses attributable to the above identified property (section 12-63c (d) of the Connecticut General Statutes).

Signature _____ **Date** _____
Name _____ **Title** _____ **Phone** _____
(print) _____