



Town of  
Mansfield

**2023**

**ANNUAL INCOME AND  
EXPENSE REPORT  
HOTEL, MOTEL, INNS**

**RETURN TO**

ASSESSOR'S OFFICE  
Audrey P. Beck Municipal Building  
4 South Eagleville Road  
Mansfield, CT 06268  
Email • [Assessor@mansfieldct.org](mailto:Assessor@mansfieldct.org)  
TEL • (860) 429-3311  
FAX • (860)429-7785

Owner	_____	Property Name	_____
Mailing Address	_____	Property Location	_____
City/State/Zip	_____	Map/Block/Lot	_____

**FILING INSTRUCTIONS** – The Assessor's Office is preparing for the revaluation of all real property located in Mansfield. In an effort to, fairly assess your real property, information regarding the property income and expenses is required. Connecticut General Statutes §12-63c requires all owners of rental real property, to annually file this report. **The information filed and furnished with this report will remain confidential in accordance with §12-63c(b), which provides that actual rental and operating expenses shall not be a public record and is not subject to the provisions of Section §1-210 (Freedom of Information).**

**Please complete and return the completed form to the Mansfield Assessor s Office on or before June 1, 2024.** In accordance with Section §12-63c(d), of the Connecticut General Statutes, as amended, any owner of rental real property **who fails to file this form or 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.

**All property owners must sign and return THIS FORM to the Mansfield Assessor's office on or before June 1, 2024 to avoid the Ten Percent (10%) penalty.** \*\*\*\*POSTMARKS NOT ACCEPTED\*\*\*\*

**PROPERTY INFORMATION**

Total Number of Available Rooms	_____	Actual Year Built	_____
Number of Parking Spaces	_____	Year Remodeled	_____

Room Configuration (# of rooms in each category)/Rates			
	# Rooms	Rent/day/room	Rent/week/room
Single		\$	\$
Double		\$	\$
King		\$	\$
Suite		\$	\$
Other		\$	\$

Annual Occupancy	_____
Annual Average Daily Rate (ADR)	\$ _____

Segmentation of Annual Occupancy					
	Transient	Corporate	Group	Other	Total
Percentage of Annual Occupancy					100%
ADR for Segment					\$

**RETURN TO THE ASSESSOR BEFORE JUNE 1, 2024**

**INCOME-2023**

Annual Room Rents	\$
Conference Facilities	\$
Food and Beverage	\$
Parking Rentals	\$
Other Property Income	\$
<b>1. Total Annual Income</b>	<b>\$</b>

**EXPENSES- 2023**

Rooms	\$
Payroll	\$
Food and Beverage	\$
Leasing fees/Commissions/Advertising	\$
Administrative, Legal, Accounting	\$
Insurance	\$
Supplies	\$
HVAC/Utilities	\$
Property Operation, Repairs and Maintenance	\$
Franchise Fee	\$
Management Fees	\$
Reserves for Capital Replacement	\$
<b>2. Total Annual Operating Expenses</b>	<b>\$</b>

**3. Net Operating Income** (1.Total annual income – 2. Total annual expenses = 3. NOI)

Capital Expenses	\$
Real Estate Taxes	\$
Personal Property Taxes	\$
Mortgage Payment (Principal and Interest)	\$
Depreciation	
Amortization	

Total Number of Room Nights Available 2023

Total Number of Room Nights Sold 2023

Do any of the figures reported include capital expenditures or extraordinary costs, which vary from typical operating expenses? If yes, please explain:

Yes  No

Comments or Additional Information (may be attached):

I DO HEREBY DECLARE UNDER PENALTIES OF FALSE STATEMENT THAT THE FOREGOING INFORMATION, 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

\_\_\_\_\_  
NAME/TITLE (Print)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
EMAIL

\_\_\_\_\_  
TELEPHONE



**RETURN TO THE ASSESSOR BEFORE JUNE 1, 2024**