#### Annual Income and Expense Report

(Filing Instructions)

In accordance with the City of Port Jervis Local Law No. 14 of 2017, entitled

"A LOCAL LAW REQUIRING INCOME AND EXPENSE STATEMENTS AS THEY PERTAIN TO GRIEVANCES

OF ASSESSMENTS FILED AGAINST THE CITY OF PORT JERVIS."

you MUST provide the information requested on this form to the Assessor's Office no later than, 7 calendar days after filing a Complaint on Assessment (RP-524 form).

Return To: City of Port Jervis Assessor's Office

PO Box 1002 Tel: (845) 858-4094 20 Hammond Street Fax: (845) 856-6913

Port Jervis, NY 12771 Email: pjnyassessor@citlink.net

<u>Filing Instructions</u>- The Assessor's Office annually collects information regarding the property income and expenses in order to fairly assess your real property. The information filed with and furnished with this report will remain confidential and is not open to public inspection (Opinions of Counsel SBRPS No. 10-17).

<u>General Instructions-</u> Complete this form for all rented or leased commercial, retail, industrial or combination property. Identify the property and address. **Provide <u>annual</u> information for the Calendar Year.** 

**TYPE/USE OF LEASED SPACE:** Indicate what the leased space is being utilized for (i.e., office, retail, warehouse, restaurant, garage, etc.)

**ESC/CAM/OVERAGE:** (Circle if applicable) **ESCALATION**: Amount in dollar of adjustment to base rent either pre-set or tied to Inflation Index. **CAM:** Income received from common area charges to tenant for common area maintenance, or other income received from the common area property. **OVERAGE:** Additional fee or rental income. This is usually based on a percent of sales or income.

**OPTION PROVISIONS/BASE RENT INCREASE:** Indicated the percentage or increment and time period.

**PROPERTY EXPENSES and UTILITIES PAID BY TENANT:** Indicated the property expenses and utilities the tenant is responsible for. Abbreviations may be used (i.e., "RE" for real estate taxes and "E" for electricity).

**VERIFICATION OF PURCHASE PRICE** is to be completed if the property was acquired within the last three (3) years.

<u>WHO SHOULD FILE-</u> All properties which are rented or leased, including commercial, retail, industrial and residential properties, except "residential owner occupied one, two or three family dwellings or property classified in the Homestead Class as defined in Article 19 of the Real Property Tax Law", should complete this form. If a property is partially rented and partially owner-occupied this report should be filed.

IF YOUR PROPERTY IS 100% OWNER-OCCUPIED, OR 100% LEASED TO A RELATED CORPORATION, BUSINESS, FAMILY MEMBER OR OTHER RELATED ENTITY, PLEASE INDICATE BY CHECKING THIS BOX.

HOW TO FILE- Each summary page should reflect information for a single property for the Calendar Year. If you own more than one rental property, a separate report/form should 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. Income Schedule A must be filed for apartment rental property and Schedule B, must be filed for all other rental properties. A computer print-out is acceptable for Schedule A and B, as long as all the required information is provided. Submission of accounting statements or income tax return is encouraged. Please be sure the parcel ID (S-B-L) is noted on all additional documentation.

REMINDER: COMPLETE AND RETURN TO THE ASSESSOR'S OFFICE



### OFFICE OF THE ASSESSOR

20 HAMMOND STREET PO BOX 1002 PORT JERVIS, NEW YORK 12771

TERESA SPRADLING SOLE ASSESSOR

TELEPHONE: (845) 858-4094 FAX: (845) 856-6913

TDD Relay Access #711

# Notice of the City of Port Jervis Local Law No. 14 of 2017 A Local Law Requiring Income and Expense Statements as They Pertain to Grievances of Assessments Filed Against the City of Port Jervis

1		(print name), on behalf of
Programme Control Cont		(attorney/representative),
	City of Port Jervis with a Complaint on Real Pro	
entitled "A Loc Assessments Fi required to subr grievance, copi outlined in said In the event th	ow, I acknowledge that in accordance with the City al Law Requiring Income and Expense Statement led Against The City Of Port Jervis", the above-remit to the Assessor's Office, no later than seven (ies of the most recent income and expense statemed Local Law.  at an income and expense statement is not subgrievance a penalty of three percent (3%) of the	s as They Pertain to Grievances of eferenced attorney/representative is 7) calendar days after filing each ents as per the terms and conditions mitted within seven (7) calendar days
format, which c electronically v	of the income and expense statements <b>must</b> be intended in the City's website at <a href="www.portjer">www.portjer</a> is email. Whenever possible, Parts I and II should incial statements prepared by an accountant. The p	visny.org, it can be submitted d be supplemented by income/expense
following staten	on other than the City's standard income and expendent ment must be included in the documentation sub wner's attorney/representative:	
INFOR	ERBY DECLARE UNDER PENAL TIES OF FALSE STAT MATION, ACCOTDING TO THER BEST OF MY KNO EF, IS A COMPLETE AND TRUE STATEMENT OF ALI	WLEDGE, REMEMBRANCE AND
ATTF	RIBUTABLE TO THE ABOVE IDENTIFIED PROPERTY	. (NYS Penal Law Article 175)
	he authorized representative, I understand the in by to the authorized representative noted above.	nportance of this matter and will
Acknowledged:		(Signature)
		(Print)
Phone #:	Email:	

### **VERIFICATION OF PURCHASE PRICE**

COMPLETE ONLY IF THE PROPERTY WAS ACQUIRED WITHIN THE LAST THREE (3) YEARS. (If not applicable, please indicate N/A and be sure to sign and date declaration at bottom of page.)

Property Location:		PARCEL ID / S-B-L
Purchase Price\$	Down Payment\$	Date of Purchase
First Mortgage\$	Interest Rate%	Fixed Variable Payment Schedule TermYRS
Second Mortgage\$	Interest Rate%	Payment Schedule TermYRS
Other\$	Interest Rate%	Payment Schedule TermYRS
DID THE PURCHASE PRICE INCLUE		OTHER? \$
WAS THE SALE BETWEEN RELATE Approximate Vacancy at Date of	,	YES or NO
		? (Circle One ) YES or NO
PROPERTY CURRENTLY LISTED FOR IF YES, List the asking Price\$	•	YES or NO DATE LISTED BROKER
Remarks Please explainany s	special circumstance or reason	ns concerning your purchase ( i.e., vacancy, condition of sale, etc.)
I Do Hereby Declare under penal	ties of false statements that	E SIGNED AND DATED WITH ALL SUBMISSIONS.  It the foregoing information, according to the best of my  E statement of all the income and expenses attributable to the
SIGNATURE:		(owner or authorized representative)
NAME: (print )		DATE:
TITLE:		TELEPHONE:

## ANNUAL INCOME AND EXPENSE REPORT SUMMARY (Part #1) MUST be completed

	Owner's Name:			S-B-L:	
	Mailing Address:			Property Address:	
	City, State and Zip:			***************************************	Port Jervis, New York 12771
	Phone Number:			Business Name:	
				if applicable:	
	Person Filing / Relationship:				
	Mailing Address:				<u>.</u>
	City, State and Zip:				_
	Phone Number:	PPER MANAGEMENT AND	ni in interiori praesta in Anagon,		Notes
1	Primary Use (Circle One)	A- Apartment B- Retail E- Shopping Center F- Office		C- Industrial G- Other	D- Mixed Use
2	Gross Building Area (including owner occupied Space) Net Leasable Area				
4	Owner Occupied Area				
5	Number of Units				
6	Number of Parking Spaces				
7	Actual Year Built				
8	Year Remodeled				
	Income - Calendar Year		l	Expenses	SSPCCS NO REPROVED ALTER TO SECOND COMPANY DATE OF THE PROPERTY OF THE PROPERT
	THEOTIC "Calcination Con				NO. I.
9	Apartment Rental	(from Schedule A)		Maintenance & Re Insurance	pali
ر 10	Office Rentals	(from Schedule B)	_	Legal & Profession	al foos
11	Retail Rentals	(from Schedule B)		Ultilities	
12	Mixed Rentals	(from Schedule B)	- 23	Fuel Oil	
13	Other Rentals	(from Schedule B)	-	Heat	
14	Parking Income	(Nonedate b)		Electric	
15	Laundry Income	**************************************		Other Utilities	
16	Reimbursed Expenses	MANUFACTURE And also be required to the description of the second of the	26	Total Ultilities	<del></del>
	·	Taxes	27	Water	MARTE OF ANTICAL PROPERTY OF THE STATE OF TH
		Other	28	Payroll	
		Total	29	Management Fee	<u></u> S
17	CAM Income	-	30	Administrative Ex	•
18	Itemize Other Property Incom	ie	31	CAM Expense	- third things to he will the second of the
19	<b>Total Potential Income</b>	(add Lines 9 thru 19)	32	Other	***************************************
20	Loss Due to Vacancy and Cred	int	33	<b>Total Operating</b>	Expenses
21	Effective Annual Income	(Line 19 less Line 20)	34	Real Estate Taxes	THE PROCESS SENS THE SENSE SEN
		SECURE DE PRINCIPAL SE CANDIDATA CON CONTRACTOR SECURITARIO DE COMPANIONE DE PRINCIPAL PARA CONTRACTOR DE CONTRACT	35	Mortgage Interest	
*	**********	ecounting statements, as and after a	36	Depreciation/ Res	
		ccounting statements, or end of year viding these, indicate "N/A" above and	27	Total Expenses	
ııııd	,	viding these, indicate "N/A" above and parcel ID on them.********	38	Net Income o	r (Loss)
	piedae ne adre to note die p	arcer is on them.		(Line 21 less Line 37)	History (S-MC) (
				/ PILL C T 1 (2) FILE 2//	

## **SCHEDULE A - APARTMENT RENT SCHEDULE**

(Part #2)

MUST be completed

COMPLETE THIS SECTION FOR APARTMENT RENTAL ACTIVITY ONLY

UNIT TYPE	L .		I .	UNIT SIZE COUNT SQFT MONTHLY REN		The state of the s	TYPICAL LEASE TERM	Building features included in rent. Please circle all that apply.	
	Total	Rented	Rooms	Baths		Per Unit	Total		
EFFICIENCY									Security Deposit \$
1 BEDROOM									Heat
2 BEDROOM									Electricity
3 BEDROOM								ek hit der bereit de historie de verde dies jûnd de ammende die de affense blee de land de am	Other Utilities
4 BEDROOM									Stove/Refrigerator
OTHER RENTABLE									
UNITS									Dishwasher
OWNER/MANAGER/									
JANITOR OCCUPIED									Garbage disposal
SUBTOTAL									Air Conditioning
GARAGE/PARKING									Pool
OTHER INCOME								***************************************	7
(SPECIFY)									Furnished Unit
TOTALS									Other Specify

### **SCHEDULE B - LESSEE RENT SCHEDULE**

										EXPENSES &		
			LE.	ASE T	ERM	ANNUAL RENT			UTILITIES PAID BY			
							ESC/					
	_						CAM		RENT			
	Location of	Type/Use of			Leased	BASE	OVERA	TOTAL	PER			
Name of Tenant	Leased Space	Leased space	START	END	SQ.FT.	RENT	GE	RENT	SQ.FT.			
								***************************************				