



**Town of Manchester Assessor's Office
Hotel and Motel**

Income and Expense Report for Calendar Year 2024

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 2024, 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 calendar year 2024. 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: _____
Annual Occupancy _____
Total Number of Rooms: _____
Total Number of Room Nights Available in 2024 _____
Total Number of Room Nights Sold in 2024 _____

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

	# Units	Rent/day/unit	Rent/Week/unit
Single			
Double			
King			
Suite			
Other			

Annual Average Daily Rate (ADR) \$ _____

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



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Annual Gross Income

Rooms _____
Conference Facilities _____
Food and Beverage _____
Telephone _____
Minor Operated Departments _____
Miscellaneous Rentals and Other Income _____

Total Annual Revenue \$ _____

Annual Cost of Goods Sold

Rooms _____
Food and Beverage _____
Telephone _____
Minor Operated Departments _____
Other (Define) _____

Effective Annual Income \$ _____
(Total income – Cost of Goods Sold)

Cost of Goods Sold \$ _____

Effective Annual Income \$ _____
(Total income – Cost of Goods Sold)



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Annual Operating Expenses

Advertising	_____
Administrative	_____
Electric	_____
Exterminating	_____
Heat	_____
Insurance	_____
Janitorial/Cleaning	_____
Management	_____
Payroll	_____
Repair and Maint: Building	_____
Repair and Maint: Grounds	_____
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.

Comments or Additional Information (may be attached):



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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	_____	Fixed Rate	Variable Rate
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 June 2, 2025, will receive a 10% penalty on the October 1, 2024 Grand List (July 2025 bill).

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 _____
(print) _____ **Title** _____ **Phone** _____