

- () Form I & E-Commercial (MC4AB) – Applicable to all income producing properties other than apartments
(X) Form I & E-Apartment (MC4C) – Applicable to apartment properties only

**ANNUAL STATEMENT OF INCOME AND EXPENSES
FOR
APARTMENT PROPERTIES**
(Request made pursuant to N.J.S.A. 54:4-34)

PERIOD TO BE REFLECTED IN COMPLETION OF STATEMENT Annual
period beginning January 1, 2020 and ending on December 31, 2020

PART 1 – PROPERTY IDENTIFICATION

- (1.1) **Block:** _____
- (1.2) **Lot:** _____
- (1.3) **Qualifier:** _____ (If none leave blank)
- (1.4) **Property Class:** _____
- (1.5) **Property Address:** _____
- (1.6) **Property Name:** _____
(Building Name, Store Name, Complex Name, or Other Property Identifier)

PART 2 – OWNER INFORMATION

- (2.1) **Owner Name:** _____
- (2.2) **Owner Phone number:** _____
- (2.3) **Owner Email Address:** _____

PART 3 – PROPERTY INFORMATION

- (3.1) **Total Number of Apartment Units:** _____
- Breakdown of Units** (amount per category):
- (3.2) **Studio:** _____
- (3.3) **1 Bed:** _____
- (3.4) **2 Bed:** _____
- (3.5) **3 Bed:** _____
- (3.6) **4 Bed:** _____
- (3.7a) **Other:** (amount of units) _____ (specify type of unit) _____ (3.7b)
- (3.8) **Number of elevators in the building**
(If none, use 0): _____
- (3.9) **Are the Apartments Furnished?** _____
(Yes, No, Other- please specify)
- (3.10) **Are the Apartments Air Conditioned?** _____
(No, Central, Window Units, Other-please specify)
- (3.10) **Annual vacancy percentage:** _____
- (3.11) **OTHER COMMENTS** (If you are submitting any attachments, please list the name(s) of the documents here)

PART 4 – STATEMENT OF ITEMIZED INCOME (Schedule B)

Section A- POTENTIAL INCOME

1 (4.1) Type of Apartment Unit (number of bedrooms)	2 (4.2) Number of Units (if there are multiple of the same type of unit with the same rent)	3 (4.3) POSSIBLE Gross Monthly Rent (assume unit is occupied)	4 (4.4) POSSIBLE Annual Rent (Column 3 X 12)	5 (4.5) Occupancy Status for requested period (Occupied, Vacant, Other-please specify)	6 (4.6) Who Pays Gas? (Owner, Tenant, Other-please specify)	7 (4.7) Who Pays Electric? (Owner, Tenant, Other-please specify)	8 (4.8) Who Pays Water? (Owner, Tenant, Other-please specify)	9 (4.9) Who Pays Sewer? (Owner, Tenant, Other-please specify)
(a)								
(b)								
(c)								
(d)								
(e)								
(f)								
(g)								
(h)								

(If you are filling out this form on paper and you require extra lines, please continue on a blank duplicate Schedule B)

(4.10) OTHER INCOME (Laundry, Parking, Cell Antenna, etc.)

SOURCE OF INCOME	ANNUAL AMOUNT (\$)
(4.10a1) _____	(4.10a2) \$ _____
(4.10b1) _____	(4.10b2) \$ _____
(4.10c1) _____	(4.10c2) \$ _____
(4.10d1) _____	(4.10d2) \$ _____

Section B- ACTUAL INCOME

(4.11) ACTUAL INCOME Collected During Requested Period from Apartments: _____
(Gross potential income minus vacancy)

(4.12) ACTUAL OTHER INCOME Collected During Requested Period: _____
(Laundry, Parking, Cell Antenna, etc.)

PART 5 – STATEMENT OF GROSS EXPENSES

Guidelines for Completion of Statement of Expenses

*Expenses - refer to periodic expenditures that are necessary to maintain the production of income. Insert the expense item as an annual dollar amount that is applicable to the operation of the entire property.

**If an expense item is not listed, space is provided under "Other Expense Items" to insert the type and amount of the expense.

***DO NOT include total expense amount if the expense does not coincide with the same annual period specified for gross income. (For example, if the building insurance premium is paid on a 3 year basis, the expense reported must be an allocation for a single year.)

	ANNUAL EXPENSE (\$)
OPERATING EXPENSES (expenses paid by owner of building)	
(5.1) Insurance.....	_____
(5.2) Management.....	_____
(5.3) Payroll (not included in other categories).....	_____
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(5.4) Heat (if paid by owner).....	_____
(5.5) Gas (excluding 5.4) (if paid by owner).....	_____
(5.6) Electric (excluding 5.4) (if paid by owner).....	_____
(5.7) Water (if paid by owner).....	_____
(5.8) Sewer (if paid by owner).....	_____
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(5.9) Building Repairs and Maintenance (DO NOT include capital expenditures).....	_____
(5.10) Grounds Repairs and Maintenance (DO NOT include capital expenditures).....	_____
(5.11) Roof repairs (if not included in 5.9).....	_____
(5.12) Snow removal (if not included in 5.10).....	_____
(5.13) Window washing (if not included in 5.10).....	_____
(5.14) Exterminating.....	_____
(5.15) Security.....	_____
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(5.16) Advertising.....	_____
(5.17) Administrative.....	_____
(5.18) Office Supplies.....	_____
(5.19) Leasing Fee.....	_____

Other Operating Expenses Items

*DO NOT list expenses such as taxes, mortgage interest and amortization, depreciation charges, income or corporation taxes, special corporation costs or salaries that are not attributable to the operation of the real estate

**Capital Expense Items can be itemized in this section as an annualized expense (For example, if painting occurs every 7 years, the cost for this expense should be divided by 7 and properly itemized in its own category)

(5.20*) Type of Expense (if capital expense- MUST annualize)	ANNUAL EXPENSE (\$)
(5.20a1) _____	(5.20a2) _____
(5.20b1) _____	(5.20b2) _____
(5.20c1) _____	(5.20c2) _____
(5.20d1) _____	(5.20d2) _____
(5.20e1) _____	(5.20e2) _____
(5.20f1) _____	(5.20f2) _____
(5.20g1) _____	(5.20g2) _____
(5.20h1) _____	(5.20h2) _____

COMPLETE PART 4 (SCHEDULE B) BEFORE SIGNING THIS STATEMENT

PART 6 – SIGNATURE AND VERIFICATION

The undersigned declares under the penalties provided by law, that this return (including any accompanying schedules and statements) has been examined by him and to the best of his knowledge and belief is a true, correct and complete return. If the return is prepared by a person other than the taxpayer, his declaration is based on all the information relating to the matters required to be reported in the return of which he has knowledge.

(Date)	(Signature of Taxpayer or Officer of Taxpayer)	(Title)
(Date)	(Signature of Individual or Firm Preparing Return)	(Address)
