

Board of Assessors

54 Marion Road

Wareham Ma 02571

Parcel Information:

**FISCAL 2018**

All information supplied is confidential and protected from public disclosure. [CH 59 S52B] Return this form within sixty (60) days. **DUE 7/24/2017**

**THE PENALTIES DESCRIBED BELOW WILL APPEAR ON YOUR TAX BILLS IF YOU FAIL TO ADEQUATELY COMPLETE AND RETURN THE I&E.**

Dear Property Owner:

This letter shall serve as a request by the Board of Assessors for INCOME AND EXPENSE information on COMMERCIAL, INDUSTRIAL, and APARTMENT (residential) properties. This request is for income and expense information relative to the operation of **real estate** and not the business use with the real estate. When determining income producing property values, the Board must weigh financial as well as physical attributes. By completing and returning the enclosed form, you help ensure the development of a sound basis to estimate the income approach to value. Please be aware that this information will be used only to determine ‘market’ income and expense levels for commercial and industrial properties and apartments. In accordance with State Law, all information listed on the forms is **not** available to the public for inspection. [CH 59 S52B] While it is in the best interest of property owners to contribute to the establishment of fair assessments, Massachusetts Law also requires such disclosure: Section 38D of Chapter 59

**Written Return of Information to Determine Valuation of Real Property**

A board of assessors may request the owner or lessee of any real property to make a written return under oath within *sixty days* containing such information as may reasonably be required by it to determine the actual fair cash valuation of such property. Failure of an owner or lessee of real property to comply with such request within 60 days after it has been made by the board of assessors shall be automatic grounds for dismissal of a filing at the appellate tax board. The appellate tax board and the county commissioners shall not grant extensions for the purposes of extending the filing requirements unless the applicant was unable to comply with such request for reasons beyond his control or unless he attempted to comply in good faith. If any owner or lessee of real property in a return made under this section makes any statement which he knows to be false in a material particular, such false statement shall bar him from any statutory appeal under this chapter.

**If an owner or lessee of Class one, residential (e.g. apartment) property** fails to submit the information within the time and in the form prescribed, the owner shall be assessed an additional penalty for the next ensuing tax year in the amount of **$50** but only if the board of assessors informed the owner or lessee that failure to submit such information would result in the penalty.

**If an owner or lessee of Class three, commercial or Class four, industrial property** fails to submit the information within the time and in the form prescribed, the owner or lessee shall be assessed an additional penalty for the next ensuing tax year in the amount of **$250** but only if the board of assessors informed the owner or lessee that failure to so submit such information would result in the penalty.

1. **All information should be for the calendar year 2016.**
2. **All leases should be listed individually by tenant including square footage.**
3. **If the property is Owner Occupied. Please state so in a prominent place on this form.**

Massachusetts General Law provides that failure to respond timely and accurately to this information request within 60 days of the postmarked date shall cause you to lose your right to appeal your assessment.

The Board of Assessors thanks you for your cooperation.

I certify under the pains and penalties of perjury that the information supplied herewith is true and correct:

Submitted by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_ \_\_\_ \_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date : \_\_\_\_/\_\_\_\_/\_\_\_\_

LA-38D COMPLETE THE FORM(S) THAT BEST SUIT YOUR BUSINESS