

Board of Assessors
Colleen Healy, Chairperson
Marion A. Fantucchio, MAA
John Rowland, Assessor



Quincy City Hall
1305 Hancock Street
Quincy, MA 02169
P.617.376.1170
F.617. 376.1148

Map /Block/Lot:

04/01/2016

**38D Property Tax Return
FORM PK – Parking Facility**

Dear Taxpayer,

Please remember the following when submitting your Income and Expense form (38D);

The following information is requested pursuant to Massachusetts General Law Chapter 59, Section 38D, as amended, in order to determine market income and expense standards, and develop fair and equitable valuations. Please submit all requested information within sixty (60) days of the mailing date, 60 days from April 1st is **May 31st**.

Failure to comply within 60 days may bar you from appealing the assessment to the Massachusetts Appellate Tax Board. Furthermore, failure to comply will result in a two hundred fifty-dollar (\$250) penalty being levied. The penalty will appear on next year's tax bill. All information submitted is confidential.

You are signing an **Affidavit**, which is a sworn statement or statements made under oath and under penalty of perjury. When you sign an affidavit form, you affirm that the statements are made with personal knowledge or according to information and belief.

As required by Mass. General Law, chapter 59, Section 38D, I hereby declare under oath that the information and addenda are presented as being true, correct and complete to the best of my knowledge and belief and are submitted under the penalties of perjury.

If there is a Rooftop Antenna or Cell Tower on your property, please provide a copy of an executed lease. Providing the lease will allow the Assessors to send the bill directly to the owner of the Antenna.

Failure to return this form, within 60 days, forfeits your right to file an appeal with the Appellate Tax Board.

Sincerely,

The Board of Assessors

Operations and General Information

- 1) Are these facilities leased to an outside operations company? _____ Yes _____ No
 a. If yes, please provide copy of agreement.
- 2) Are these facilities managed by an outside company? _____ Yes _____ No
 a. If yes, provide company name: _____ and copy of agreement.
- 3) # Garage Spaces _____ # Surface Lot Spaces _____ Total # of Parking Spaces _____
- 4) Total vehicle entrance and exit count for calendar year 2015: _____
- 5) If system provides breakdown of vehicle count please provide for 2015:
 a. Transient differential count _____
 b. Monthly differential count _____
 c. Event differential count _____
- 6) Amenities at this parking facility:
 _____ Parking Attendant _____ Security Guard _____ Pay on Foot System _____ Fenced
 _____ Electronic Gate _____ Key Card Access _____ Valet Parking _____ Other
- 7) Are there designated parking areas for staff, clients, visitors, monthly parkers? _____ Yes _____ No
 If yes, what measures does the property owner or lessee take to ensure that the parking designated for staff, clients, visitors, monthly parkers, or charitable tenants is reserved exclusively for their use?

- 8) Posted Rates: Hourly \$ _____ Daily \$ _____ Monthly \$ _____ Event \$ _____

* Be sure to write the Map / Block / Lot on any document that you submit in response to this request. *

Please note: A rent roll along with an "accrual basis" profit and loss statement may be substituted for the following if all requested information is included.

Parking Income (For Calendar Year 2015)

Source	Designated # Spaces	Annual Collected Income	Comments
Hourly		\$	
Daily		\$	
Monthly		\$	
Event		\$	
Other(_____)		\$	
TOTAL PARKING INCOME		\$	

Map/Block/Lot:

Commercial Lease Information

Provide the following commercial lease information from calendar year 2015. A rent roll may be substituted, if all requested information is included.

*To Enter in Excel open the attached spreadsheet and follow the instructions.

*To Attach Lease Agreements Click Attach a file. If unable to attach to PDF include Lease Agreements in e-mail.

Commerical Income Breakdown							
Floor Level	Tenant Name	Square Footage Occupied	As of 1/1/16 Rent pSF	Annually Potential Gross Income	Vacany Actual	Tenant Reimbursements	Total Effective Gross Income
TOTALS							

Map/Block/Lot:

Commercial Lease Information

Provide the following commercial lease information from calendar year 2015. A rent roll may be substituted, if all requested information is included.

Commercial Lease Information					
Floor Level	Tenant Name	Lease Start	Lease End	Type of Lease	Lease Terms

**Additional Sources of Income
(Calendar Year 2015)**

Indicate percentage and square footage of this property that is:

Owner-occupied: _____% _____square feet

Parking Information

# Spaces	
Monthly Rate (1/1/2016)	
Collected Income	
Lease or Management Agreement	
Date of Lease or Management Agreement	
Lease or Operator Name	

Additional Income

Antenna/Telecom	
Tenant Services	
Utility Reimbursement	
Misc. Income	
Percentage Rent	
Other (_____)	
Other (_____)	

Vacancy Explanation

Please explain any vacancy that occurred during Calendar Year 2015. (January 1-December 31)
In addition please supply proof that the unit was advertised for rent. Attach copies of Listing/Ads.

Map/Block/Lot:

Expenses

Provide the property expense information for Calendar Year 2015. Columns 2 and 3 denote the party responsible for payment. Provide the actual costs to operate the building. Please provide copies of signed lease agreements.

Category	Owner	Tenant	Explanation/Lease Type	Notes
Administrative				Includes management/ administrative payroll, supplies, legal, & general services.
Security				Includes all Security costs, payroll, and supplies, as paid by Owner.
Cleaning				Includes cleaning, payroll, supplies, contracts, trash /waste removal, windows, (also cleaning of HVAC equipment).
Repairs and Maintenance				Includes R&M payroll, materials, supplies; includes R&M related to elevators, HVAC, electrical, plumbing; supplies and misc. expenses; building exterior; grounds, landscaping; snow removal.
Utilities				Includes building utilities expense, including heat, electric, tenant electric, gas, oil, water, sewer charges, plus other utility costs.
Advertising				Includes all Advertising costs related to Leasing of space, as paid by Owner.
Building Insurance				Includes annual building Insurance cost, paid by Owner. (Does not include any Workman's Comp premiums).
Total Operating Expense				Includes Total Annual Operating Costs for building.
*See Notes				Does NOT include any real estate Taxes, Depreciation, Mortgage payments, Interest, property Liens, installment loans or unrelated fees.
Replacement Reserves				Include those annual amounts actually set aside by Owner for future replacement of large assets.
Extraordinary Expenditures (describe below)				Include large non-typical expense items, necessary for the continued operation of the building. Describe the item, cost, and the approx. number of years of expected, economic (useful) life.

Sales Transaction

Please describe any and all sales occurring between 1/1/15 through 12/31/15.

Sales Date _____	Mortgage Amount _____
Sale Price _____	Mortgage Debt Ratio _____
% Interest _____	Mortgage Rate _____
Title Reference (Book/Page) _____	Mortgage Term _____
Seller _____	Non Realty Items Included _____
Buyer _____	Value of Non Realty Included _____

Comments

Please provide an overview of the building's operations in calendar year 2015.

Affidavit

As required by Mass. General Law, chapter 59, Section 38D, I hereby declare under oath that the above information and addenda are presented as being true, correct and complete to the best of my knowledge and belief and are submitted under the penalties of perjury.

Signature of Owner: _____ Date: _____

Print Name: _____

Telephone: _____

Contact E-mail address: _____

Signature of Preparer: _____ Date: _____

Print Name: _____ Title: _____

Telephone: _____

Contact E-mail address: _____

**Return this form by Mail
or Email to:**

Assessors Department
Quincy City Hall
1305 Hancock Street
Quincy, MA 02169

jreid@quincyma.gov