



TOWN OF FOXBOROUGH

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INCOME AND EXPENSE QUESTIONNAIRE – FOXBOROUGH, MA COMMERCIAL/INDUSTRIAL PROPERTIES FOR 12 MONTHS ENDING JANUARY 1, 2022: CALENDAR YEAR 2021

Please Return to:
 Town of Foxborough
 40 South Street
 Foxborough, MA 02035

NOTE: SIGNATURE IS REQUIRED ON BACK PAGE

SECTION I: GENERAL DATA

Gross Building Area in SF:		Number of Rentable Units including owner's:	
Net Leasable Area in SF:		Total Parcel Land Area:	
Owner Occupied Area in SF:		Building Age:	

SECTION II: INCOME AND LOSS TOTALS FOR CALENDAR YEAR 2021

Please enter annual income on Lines 1 through 6 **AS IF FULLY RENTED**.

Calculate Vacancy Loss by subtracting **ACTUAL RENT RECEIVED** from **LINE 7 if difference is due to vacancy**.

Calculate Concession Loss by subtracting **ACTUAL RENT RECEIVED** from **LINE 7 if difference is due to concessions**.

Other Income (Lines 5 and 6) includes items such as: cell towers, vending, laundry, parking, billboards, etc. Describe and enter.

1. Total Office Rental Income: (Annual rent as if fully rented)	
2. Total Retail Rental Income: (Annual rent as if fully rented)	
3. Total Industrial/Warehouse/Garage Rental Income: (Annual rent as if fully rented)	
4. Total Other Building Rental Income: (Annual rent as if fully rented)	
5. Other Income: (Describe)	
6. Other Income: (Describe)	
7. Potential Gross Income: (Add 1 through 6)	
8. Loss due to Vacancy: See note above.	
9. Loss due to Concessions/Bad Debt: See note above.	
10. Total Collection Loss: (Add 8 and 9)	
11. Effective Gross Income (Subtract 10 from 7)	

Expenses reimbursed by tenants EXCLUDING RE TAX:	
Expenses reimbursed by tenants RE TAX ONLY:	

SECTION III: EXPENSES FOR CALENDAR YEAR 2021

Please check if each item is paid by Owner or Tenant. If entering "Other", please describe.

Expense Type	Amount	O	T	Expense Type	Amount	O	T
1. Management Fee				20. Maintenance Contract Fee			

SECTION V: SIGNATURE

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

Submitted by: (Please print) _____

Title: _____

Signature of owner or preparer: . . . _____

Phone: _____

Date: _____