

Town of Tyngsborough

Assessors Office

25 Bryant Lane, Tyngsborough, MA 01879

978-649-2300 x 121

MIXED USE INCOME AND EXPENSE FORM

for calendar year ending 12/31/2025 (FY2027)

1

OWNER NAME: _____ PARCEL ID: _____

LOCATION: _____ LUC: _____

REVENUE: {These items are paid by Tenants – NOT by Owner}

Contract Rent *1 _____
Percentage Rent *2 _____
Expense Escalation _____
Utilities _____
Real Estate Tax _____
Parking _____
Other Income _____

*1 Amount charged if there was no Vacancy.

*2 Used in retail operations where a % of the gross is paid as part of the rent.

Please check **one** of the following:

- A. Completely Owner Occupied
B. Partially (____%) Owner Occupied
C. Completely Tenant Occupied

NOTE: If the property is completely Owner Occupied, then omit the "Revenue" section and fill out the "Expenses" section.

2

Gross Income: _____

Less **Actual** Vacancy _____

Effective Gross Income _____

→ **Do Not** Enter any amount other than **ACTUAL Vacancy**

3

EXPENSES: {Items paid by NNN/Tenant or Owner}

Heat *Only Include* _____
*2 Used in retail operations where a % of the gross is paid as part of the rent.
Maintenance *been paid out* _____
Insurance _____
Trash Removal _____
Snow Removal _____
Accounting _____
Management _____
Reserves _____
Other Expenses _____

Please circle heat type:

Oil Gas Electric

List the cost for each item in the blocks below. **Do Not include** any of these items as "Operating Expenses":

- _____- Real Estate Taxes
_____- Mortgage Related Costs including Interest
_____- Depreciation
- Any cost **not** related to the operation of the Real Estate – Including cost associated with a business located at the site.

Total Operating Expenses: _____

Net Operating Income: _____

4

Comments or Clarification: _____

5

Capital Improvements:

Type

Cost

Type	Cost
_____	_____
_____	_____

**Mixed Use Property
Rental Income Statement**

Commercial Lease Information: Please provide information on current leases as of January 1st, 2026.

					Lease Terms			
Floor Level	Tenant Name	Type of Space	Leased Area (Sq. ft.)	Rent per SF on Jan. 1st	Annual Rent	Start Date (Mo/Yr)	Term in years	Basis Gross, Net, NNN
				\$	\$			
				\$	\$			
				\$	\$			
				\$	\$			
				\$	\$			
				\$	\$			
				\$	\$			

Residential Rental Information: Please provide the following rental information.

The effective reporting date is January 1st.				Rent Incentives		Lease Terms			
Unit Type	Total # of Units	Rent per Month	Annual Rent	Free Rent	Free # of Months	Lease Start Date (Mo/Yr)	Tenant Paid Heat (Y/N)	Tenant Paid Elect (Y/N)	Lease or TAW
Studio		\$	\$	\$					
		\$	\$	\$					
One Bedroom		\$	\$	\$					
		\$	\$	\$					
Two Bedroom		\$	\$	\$					
		\$	\$	\$					
Three Bedroom		\$	\$	\$					
		\$	\$	\$					
Four Bedroom		\$	\$	\$					
		\$	\$	\$					
		\$	\$	\$					

OWNER OR AUTHORIZED AGENT: _____

SIGNATURE: _____

DATE: _____

PHONE: _____

EMAIL: _____