

Waiver of Electronic Filing Requirement - 2014 Annual Survey of Income and Expense



Nassau County Department of Assessment

240 Old Country Road, 4th Floor

Mineola, NY 11501

Attn: ASIE Compliance

ASIE 2014
Annual Survey of
Income & Expense

Section A - Property Identification (Mandatory)

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1	List Only the Primary Section Block & Lot			For Office Use Only
	Section	Block	Lot	

2	Property Address	
	Street Address	City, State, Zip

3	Mailing Address Correction - Only if you wish to change address on letter insert	
	Street Address	City, State, Zip

You may consolidate your filings below for properties that are **PHYSICALLY CONTIGUOUS AND/OR ADJACENT ONLY**. These properties must be **COMMONLY OWNED AND OPERATED**. Any filing which does not meet these parameters will be considered **NON-COMPLIANT**.

	Section	Block	Lot
4	Property #1		
	Property #2		
	Property #3		
	Property #4		
	Property #5		

Section B - Contact Information (Mandatory)

5	Contact Name:	6	Contact's Relationship to Property:
	7		Owner's Name:
9	Contact's E-mail Address (Required):	10	Contact's Fax Number:

Section C - Special Filing Exceptions

11	<input type="checkbox"/> Properties that are 100% OWNER OCCUPIED or occupied by an owner related party or entity. NO PORTION OF THE PROPERTY CAN BE RENTED. Check this box and sign certification.		
	12 <input type="checkbox"/> Properties that were UNDER CONSTRUCTION AND NOT LEASED IN 2014 . Check this box and sign certification.		
13	13 <input type="checkbox"/> Properties that were PURCHASED BETWEEN 05/01/2015 AND 06/01/2015: COMPLETE SECTIONS F THROUGH H TO THE EXTENT THAT DATA IS AVAILABLE.		DATE OF SALE:
			SALE PRICE:

Section D - Contamination

Has Your Property Been Documented as Contaminated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date / Issuing Authority	Issuing Authority

Section E - For Condominiums and Co-operatives* Only

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15	Condominium <input type="checkbox"/> Co-operative <input type="checkbox"/>		Complete section D if applicable, sign and date Section H
	Unsold Occupied Units	Number of Units	2015 Annual Rental Income
16	Unregulated Unsold Units (Detail in Notes).		
	17 Regulated Unsold Units.		

***Please note all Co-ops must submit the most recent copy of their Schedule A (allocation of shares) with this filing.**

Section F - Income POST 6/17

Apartment Income*		Reporting Year from ___/___/___ to ___/___/___		
		# of Units	# of Vacant Units	2015 Yearly Rental Income
18	Unregulated Apartments			
19	Regulated Apartments (Please detail in notes)			
20	Paid Parking			
21	Owner Occupied			
22	Total Apartment Income (Add lines 18 thru 21)			
Commercial Income				
23	Leases Parking Facilities			
24	Retail			
25	Offices			
26	Industrial			
27	Warehouse			
28	Other (Detail in notes)			
29	Ground Rent			
30	Owner Occupied			
31	Total Commercial Income (Add lines 22 thru 30)			
Ancillary Income				
32	Government Subsidy			
33	Sales & Services			
34	Real Estate Tax Escalation			
35	Operating Escalation			
36	Cell Sites & Towers			
37	Total Ancillary Income (Add lines 32 thru 36)			
38	Total Gross Income from All Sources (Add lines 22,31 and 37)			

Section G - Expenses

39	Electricity		
40	Fuel / Heat		
41	Water & Sewer		
42	Wages & Payroll		
43	Contract Services		
44	Interior Paint & Decorating		
45	Repairs (Excluding Capital Improvements)		
46	Reserves for Replacement		
47	Maintenance		
48	Insurance		
49	Management Fees		
50	Administrative Expenses		
51	Advertising		
52	Legal		
53	Accounting		
54	Miscellaneous (Itemize in Notes)		
55	Total Expenses (Add lines 39 thru 54)		

Notes

Section H - Certification (Mandatory) and Rent Roll requirement. POST 6/17

Attached is my Rent Roll. Electronic Rent Roll will be forwarded to ASIE@NassauCountyNY.gov.

I hereby certify that I am the owner or other person responsible for the payment of taxes, or the person authorized by the owner or taxpayer to make this statement. I certify that all information contained in the statement is true and correct to the best of my knowledge and belief. I understand that the willful making of any false statement of material fact herein will subject me to the provisions of the penal law relevant to the making and filling of false instruments. I understand that the willful making of any false statement of material fact herein will also deem this filing untimely.

Name of individual certifying this statement _____

The individual certifying is: The applicant Authorized representative listed in Section B Member or manager of applicant LLC General partner of applicant Officer of corporate applicant Qualified fiduciary Officer of Condominium Association Officer of applicant's corporate member or partner.

(name of corporation: _____)

56	Signature	Name (Please Print)	/ / Date
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