

# *Town of Newington Assessor's Office*

## **Skilled Nursing Facility Income and Expense Survey for Calendar Year 2014**

Information provided is CONFIDENTIAL, in accordance with Connecticut Law.

Owner \_\_\_\_\_ Property Name (if applicable): \_\_\_\_\_  
 Property Address \_\_\_\_\_ Label goes here \_\_\_\_\_  
 Acct # / PID \_\_\_\_\_

If mailing address has changed please update: \_\_\_\_\_

**General Data**

Number of Rooms (or Units) \_\_\_\_\_  
 Number of Licensed Beds \_\_\_\_\_

**Current Daily Rates**

| Type of Patient |              | Daily Reimbursement Rates | Census (# Patient Days) | Annual Income |
|-----------------|--------------|---------------------------|-------------------------|---------------|
| Private Pay     | Private      |                           |                         |               |
|                 | Semi-private |                           |                         |               |
|                 | Wards        |                           |                         |               |
| VA              | Skilled      |                           |                         |               |
|                 | Intermediate |                           |                         |               |
| HMO             | Semi-private |                           |                         |               |
| Medicare        | Semi-private |                           |                         |               |
| Medicaid        | Semi-private |                           |                         |               |

2014 Annual Income: \$ \_\_\_\_\_

Any Other Ancillary Income: \$ \_\_\_\_\_

**Total Income Received for 2014:** \$ \_\_\_\_\_

(Hotel and Motel Cont'd.)

**2014 Annual Operating Expenses:**

**Variable Expenses**

|   |          |
|---|----------|
| Administration/Marketing/Activities         | \$ _____ |
| Food Service                                | \$ _____ |
| Housekeeping and Laundry                    | \$ _____ |
| Nursing and Personal Care                   | \$ _____ |
| Maintenance & Janitorial                    | \$ _____ |
| Utilities                                   | \$ _____ |
| Administrative, Legal & Accounting          | \$ _____ |
| Management Fees                             | \$ _____ |
| Replacement Reserves (please explain below) | \$ _____ |

**2014 Total Variable Expenses:** \$ \_\_\_\_\_

**Fixed Expenses**

|                         |          |
|-------------------------|----------|
| Real Estate Taxes       | \$ _____ |
| Personal Property Taxes | \$ _____ |
| Insurance               | \$ _____ |

**2014 Total Fixed Expenses:** \$ \_\_\_\_\_

**2014 TOTAL ANNUAL OPERATING EXPENSES:** \$ \_\_\_\_\_

If possible, please include a copy of your year end Income Summary.

If any of the figures include capital expenditures or extraordinary costs that vary from typical operating expenses; please explain: \_\_\_\_\_

**Comments or Additional Information (may be attached):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Preparer Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contact Email

\_\_\_\_\_  
Contact Telephone