



LAND VALUATION DEPARTMENT

P.O. Box HM 1384
Hamilton HM FX,
Bermuda
www.landvaluation.bm

2nd Floor, Global House
43 Church Street
Hamilton HM12
(441) 297-7964

1st October 2019

Dear Sir/Madam,

2020 REVALUATION THE LAND VALUATION & TAX ACT 1967

Under the provisions of the above Act, a new Valuation List has to be prepared to take account of changes in rental levels since the current 2015 Valuation List was last compiled. It is therefore necessary to obtain information about your property in order to prepare the new Valuation List. The Annual Rental Values appearing in the new Valuation List will be based on rental levels around 1st July, 2019. The new Valuation List will be published on 31st December, 2020 and will replace the current Valuation List for land tax purposes.

You are required by law to complete and return the form overleaf to me within **21 days** from the date of receipt and I enclose a pre-paid envelope for this purpose. All information will be treated as **confidential** and will only be used for the purposes of the revaluation. Failure to complete and return the form, or submitting false information, is an offence under the Act and is punishable by a fine and/or imprisonment.

For more information on the 2020 Revaluation, including guidance on completing the form overleaf, please visit our website www.landvaluation.bm. Additionally, you can also contact the Land Valuation Department on 297-7964 for assistance.

Yours faithfully,

Diane Elliott

Diane Elliott
Director of Land Valuation
Ministry of Public Works

Note

- Should your billing address or billing name above be incorrect, please call the Tax Commissioner on 298-6351 or 297-7743 to have it corrected. You should still complete and return the form overleaf in the envelope provided.
- Should you no longer be the taxpayer, please contact the Tax Commissioner on 298-6351 or 297-7743. Kindly also cross through your name and address above, indicating the new owner's name and return the form in the envelope provided.

Assessment Number

Carefully read over the below questions and follow the instructions to correctly complete the form in respect of the above valuation unit.

<p>1) Occupation - Please tick <u>one</u> box specifying whether this unit is:</p> <p>a) Owner-occupied <input type="checkbox"/></p> <p>b) Occupied/Rented by a relative/employee <input type="checkbox"/></p> <p>c) Rented <input type="checkbox"/></p> <p>d) Vacant <input type="checkbox"/></p> <p style="text-align: center;">PROCEED TO QUESTION 2 ➡</p>	<p>2) Indicate:</p> <p>a) # of Bedrooms <input type="text"/> # of Bathrooms <input type="text"/></p> <p>or tick if a Studio Unit <input type="checkbox"/></p> <p>b) if the property has: (please tick what applies)</p> <p>Private Beach <input type="checkbox"/> Boat Slip <input type="checkbox"/> Dock/Jetty <input type="checkbox"/></p> <p>Pool <input type="checkbox"/> Sauna <input type="checkbox"/> Squash Court <input type="checkbox"/></p> <p>Tennis Court <input type="checkbox"/></p>
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➤ If you ticked **c) Rented** in Question 1, please proceed to Question 3.
 ➤ Otherwise, you need only to complete the **Declaration** at the end.

<p>3) Trust Information:</p> <p>a) Is the property held in Trust? <input type="checkbox"/></p> <p>b) If Yes, is the tenant a settlor of the Trust, beneficiary or related to the same, or in any way connected to the Trust? <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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➤ If you ticked Yes to **both** parts a) and b) in Question 3, you need only complete the **Declaration** at the end.
 ➤ Otherwise, please proceed and complete **Questions 4 – 7** and the **Declaration** at the end.

<p>4) Rent Details - Please state:</p> <p>a) The current rent paid by the tenant.</p> <p>b) The date when this rent was first payable.</p> <p>c) The date the tenant first occupied this unit.</p> <p>d) Length of the tenant's lease and the date it commenced.</p> <p>e) Whether this unit was rented to the tenant through a real estate agent and if so, state real estate Company name.</p> <p>f) If the rent was approved/set by the Rent Commissioner.</p>	<p>\$ _____ per month</p> <p><input type="text"/> MM / <input type="text"/> YYYY</p> <p><input type="text"/> MM / <input type="text"/> YYYY</p> <p>_____ years <input type="text"/> MM / <input type="text"/> YYYY</p> <p>Yes <input type="checkbox"/> Company _____ No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/></p>
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<p>5) Additional Units included in Rent:</p> <p>a) Does the tenant rent more than one unit at the property?</p> <p>b) If Yes, does the rent in 4a. above include the extra unit(s)?</p> <p>c) If Yes, provide the assessment number(s) for the extra unit(s)</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Assessment #(s) _____</p>
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<p>6) Furnishings: Does the tenant's rent in 4a. above include the following:</p>	<p>Appliances Only <input type="checkbox"/></p> <p>Furniture (full) <input type="checkbox"/> Furniture (partial) <input type="checkbox"/></p>
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<p>7) Tenant's Improvements:</p> <p>a) Give details of any major works the tenant has done to this unit and the date e.g. added a swimming pool in 2013.</p> <p>b) Were the works a condition of the lease?</p> <p>c) If any lump sum, other than the deposit, was paid by the tenant at the start of the lease, please give details.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Amount \$ _____</p>
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8) Responsibilities:
Is the Landlord or Tenant responsible for the following (please tick):

	Internal Repairs	External Repairs	Land Tax	Electricity	Gardening	Maid / Cleaning	Internet / Wi-Fi
Landlord	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tenant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DECLARATION: It is an offence to submit false information and such offence is punishable by a fine and/or imprisonment.
 I declare the above particulars are true as owner / tenant / agent / trustee (please circle as appropriate)

Signed _____ Date _____ / _____ / _____
 Day Month Year

Print name _____

Email address _____ Daytime phone #(s) _____

Thank you for completing this form. Please return it in the enclosed pre-paid envelope.