Assessment Number

In respect of the <u>above property</u>, please carefully read over the below questions and follow the instructions to Correctly complete the form.

Part A – Occupation	Part C – Facilities
Is the property :	Please indicate if the property has any of the following facilities. If Yes, give numbers where appropriate:
Owner-occupied Rented	Facility No Yes Number
Vacant 🗌	Swimming Pool(s)
Under renovation Provide Building Permit # <b>B</b> /	
If the property is rented or leased to a management company, please provide details	Tennis court(s)
below including current monthly rent, effective date of rent and repair/maintenance	
responsibilities. ( <b>please attach a copy of the lease</b> if this is more convenient)	Boat berth(s)
	Spa/Salon
	Conference Facilities
	Other Facilities
	Please provide details of any other facilities and details of any parts of the property that are separately rented out.
Part B – Accommodation	
Please indicate the following :	
No. of licensed rooms (maximum)	
No. of licensed bed spaces(maximum)	
Actual Room Count	
Actual Bed Count	

Jan Feb Mar	Apr May	Jun Jul	Aug Sep	Oct N	lov Dec	
Please provide details of	of <b>gross receipts</b> and	d average occupa	ancy rates for th	e last three c	alendar years :	
Year ending	<u>Rooms</u>	<u>Food/Liquor</u>	<u>All Othe</u>	r Receipts	Average Occupancy	Rate
				conference cilities)	(%)	
31 <sup>st</sup> December 2018 \$	9	5	\$			
31st December 2017 \$_	٩	ξ	\$			
31st December 2016 \$	9	Ş	\$			
			(e	.g. conferenc facilities)	ce	
				¢		
31st December 2018	\$	\$		\$		
31st December 2018 31st December 2017		\$ \$		\$ \$		
	\$					
31 <sup>st</sup> December 2017	\$	\$		\$		
31 <sup>st</sup> December 2017 31 <sup>st</sup> December 2016	\$\$_	\$ \$		\$ \$		T TH
31st December 2017 31st December 2016 PLEASE PROVIDE COPIES ABOVE FIGURES.	\$\$ \$ S OF ACCOUNTS, MA	\$ \$\$ ANAGEMENT STATE	EMENTS OR PRO	\$ \$		т тн
31 <sup>st</sup> December 2017 31 <sup>st</sup> December 2016 <b>PLEASE PROVIDE COPIE</b>	\$\$ \$ S OF ACCOUNTS, MA	\$ \$\$ ANAGEMENT STATE	EMENTS OR PRO	\$ \$		т тн
31st December 2017 31st December 2016 PLEASE PROVIDE COPIES ABOVE FIGURES.	\$\$ \$ S OF ACCOUNTS, MA	\$ \$\$ ANAGEMENT STATE	EMENTS OR PRO	\$ \$		T TH
31 <sup>st</sup> December 2017 31 <sup>st</sup> December 2016 <b>PLEASE PROVIDE COPIE:</b> <b>ABOVE FIGURES.</b> Has the property been	\$\$ <b>S OF ACCOUNTS, MA</b> closed for renovation No	\$ \$\$ ANAGEMENT STATE	EMENTS OR PRO	\$ \$		T TH
31 <sup>st</sup> December 2017 31 <sup>st</sup> December 2016 PLEASE PROVIDE COPIES ABOVE FIGURES. Has the property been Yes	\$\$ S OF ACCOUNTS, MA closed for renovation No	\$ \$\$ ANAGEMENT STATE	MENTS OR PRO	\$ \$		T TH
31 <sup>st</sup> December 2017 31 <sup>st</sup> December 2016 PLEASE PROVIDE COPIES ABOVE FIGURES. Has the property been Yes	\$\$ S OF ACCOUNTS, MA closed for renovation No	\$ ANAGEMENT STATE	MENTS OR PRO	\$ \$		T TH

PLEASE TURN OVER

Thank you for completing this form. Please sign the Declaration below and return the form in the enclosed pre-paid envelope.



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

Dear Sir/Madam,

## **2020 REVALUATION THE LAND VALUATION & TAX ACT 1967**

DECLARATION:	It is an offence to submit false information ar imprisonment.	nd such offer	nce is punishable by a fine and/or
declare the abov	e particulars are true as owner / tenant	/ agent	(please circle as appropriate)
Signed		Date _	// Day Month Year
Print name			,
Email address		Daytin	ne phone #(s)

# **«Assessment»**

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, please visit our website www.landvaluation.bm. Additionally, you can also contact James Needham on 294-0478 for assistance with completing the form overleaf.

Yours faithfully,

## Diane Elliott

Diane Elliott **Director of Land Valuation** Ministry of Public Works

### Note

- envelope provided.
- owner's name and return the form in the envelope provided.

#### LAND VALUATION DEPARTMENT

2<sup>nd</sup> Floor, Global House 43 Church Street Hamilton HM12 (441) 297-7964 1<sup>st</sup> October 2019

 Should your billing address 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

Should you no longer be the taxpayer, please contact the Tax Commissioner on 298-6531 or 297-7743. Kindly also cross through your name and address above, indicating the new