

PERSONAL PROPERTY SCHEDULE FORM

PLEASE SUBMIT ON OR BEFORE MAY 1ST

PLEASE REMIT TO: CITY ASSESSOR'S OFFICE – 16 CONY ST. - AUGUSTA, ME 04330

PHONE: (207) 626-2320 FAX: (207) 626-2304

Email: crystal.corbett@augustamaine.gov (Depreciation rates available online: www.augustamaine.gov)

OWNER'S NAME: _____

MAILING ADDRESS: _____

BUSINESS NAME: _____ **TYPE OF BUSINESS:** _____

BUSINESS LOCATION: _____

AMOUNT OF SPACE USED IN YOUR BUSINESS: _____ **MONTHLY RENT:** _____

NUMBER OF EMPLOYEES: _____

This schedule is to be used to report ADDITIONS and/or DELETIONS from prior year's assessment (listing) and covers ALL types of manufacturing machinery and equipment, store and office furniture, apartment furniture, furnishings, fixtures, professional libraries, leased equipment, signs, and supplies.

If new equipment qualifies for the Business Equipment Tax Exemption (BETE) program you MUST submit the BETE Application at the same time as your Personal Property form.

NEW OR FIRST TIME TAXPAYERS should submit a complete list of ALL PERSONAL PROPERTY as outlined above, used in the operation of the business. (If you are the owner of any apartment building and supply furniture and/or stoves and refrigerators, please list these as well). Those owners who have the ability to furnish computer data or wish to use other reporting methods may do so if the information requested on this form is furnished by their method. (Please attach additional sheets if necessary).

PLEASE NOTE: IF THERE HAVE BEEN NO CHANGES (NO ADDITIONS OR DELETIONS) IN THE PAST YEAR PLEASE STATE THAT ON THIS FORM AND RETURN IT TO THIS OFFICE.

ADDITIONS

DESCRIPTION	MODEL #	SERIAL #	AGE	QTY.	COST	NEW/USED

DELETIONS

DESCRIPTION	MODEL #	SERIAL #	AGE	QTY.	COST	NEW/USED

PLEASE SEE REVERSE SIDE

LEASED EQUIPMENT, FURNITURE, FIXTURES, ETC.

DESCRIPTION	MODEL #	SERIAL #	AGE	QTY.	COST	NEW/USED
1.)						
2.)						
Monthly Rental Fee:						
Leased From:						
Mailing Address:						

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2.)						
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1.)						
2.)						
Monthly Rental Fee:						
Leased From:						
Mailing Address:						

Taxpayer:

You are requested to furnish the Assessor with a true and perfect list of all your estates, not by law exempt from taxation, of which you were in possession on APRIL 1st.

This is not compulsory, however, Title 36, Section 706, Maine Revised Statutes Amended does provide that if Assessors make a proper request for these lists and a taxpayer withholds such assistance he/she, the taxpayer, is barred of his/her right to appeal the valuation assessed on his/her property.

Assuming you wish to retain your right to appeal, this form must be completed, signed and returned no later than MAY 1st. 2009. It is suggested that you do not delay mailing this return.

I hereby certify, having carefully read the above, that as to the items upon which a report is made they are full, true and correct, to the best of my knowledge and belief.

Signature: _____ Title _____

Print Name: _____

Telephone: _____ Fax _____

Email Address: _____