

City of **AUGUSTA** Maine

**TAX ASSESSOR'S OFFICE**  
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**CITY CENTER PLAZA**  
**16 CONY STREET**  
**AUGUSTA ME 04330-4298**

**Email: crystal.corbett@augustamaine.gov**

**Business Equipment Tax Exemption Application**

(Title 36 § 691 – 700B)

Annual Application for Tax Year April 1, \_\_\_\_\_

Name of Business: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Name of Owner: \_\_\_\_\_ Location: \_\_\_\_\_

Ownership: \_\_\_\_\_ Sole Proprietor: \_\_\_\_\_ Corporation: \_\_\_\_\_ LLC Partnership: \_\_\_\_\_ Other: \_\_\_\_\_

Is this property located in a tax increment financing (TIF) district: Yes \_\_\_\_\_ No \_\_\_\_\_

**\*\*If equipment was claimed for the BETE last year you must continue to file for it every year.**

	Date Purchased or Acquired	Item Description	Purchase Price	Year first claimed for BETE
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

**[An individual who knowingly gives false information for the purpose of claiming this exemption commits a Class E Crime]**

Applicant (or property owner) signature: Under penalties of perjury, I declare that I have examined this application and accompanying schedules and, to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than applicant) is based on all the information of which the preparer has knowledge.

**Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Telephone#:** \_\_\_\_\_

**Preparer:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Telephone#:** \_\_\_\_\_