



DEPARTMENT OF ASSESSING BUSINESS PERSONAL PROPERTY DECLARATION FY 2025

APRIL 1, 2024 ASSESSMENT DATE. RETURN MUST BE FILED BY APRIL 17, 2024.

ADDRESS: 73 HARLOW STREET, BANGOR, ME 04401 TELEPHONE: (207) 992-4215, FAX: (207) 945-4433

Acco	unt N	lum	ber
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				MAY B	E TO RETURN AR YOUR RIC EMENT OR A	GHT TO A		
Location Addre	ess:			SEE B GENERAL INFOR	ACK OF COVE			
BUSINESS OWI	NER'S NAME(s)/PERSON(s) RESPONSIE	BLE TO PAY TAXES:	DESCRIPTION OF BUSINESS ACTIVITY:					
NAME OF BUSINESS (DBA):			TYPE OF OWNERSHIP: Maine Corporation Foreign Corporation					
BUSINESS LO	CATION.		PARTNERSHIP OTHER,(LIST)					
BUSINESS MA	NESS MAILING ADDRESS:		IF CORPORATION, ENTER CORPORATE ADDRESS:					
TELEPHONE	#: FAX#:							
SECTION 1	quire the taxpayer to answer in writing all prexemption pursuant to subchapter 4-C. The FURNITURE AND FIXTURES, LEADESCRIPTION OF ITEM	,	ENTS AND SIG	,		TOTAL C		
SECTION 2	MACHINERY AND EQUIPMENT: (I	Lump Sum Totals Not A	Accepted)					
	DESCRIPTION OF ITEM			MO./YR. ACQUIRED	COST EACH	TOTAL C		
SECTION 3 COMPUTER EQUIPMENT: (Lump Sum Totals Not Acc		1		T 110 N/2 102:	1000==:=:=:			
	DESCRIPTION OF ITEM	MODEL #/SER	IAL# QTY.	MO./YR. ACQUIRED	COST EACH	TOTAL C		
						<u> </u>		
		1	- 1	1	1	1		

		(PLE	ASE SEE NOTE O	N INSTR	RUCTION	ETTER BEF	ORE COMPLETIN	IG THIS SECTION)	
List below <u>all</u> pe by someone el machines, telep coolers, ice mad	sed, LOANED OR RENTED bersonal property which is se. This would include shone systems, security chines, storage trailers, on your premises.	located at your placed items as vendalarms, trash conf	ace of busine ding machine tainers, video	s, pos game	tage ma s, furni	achines, d ture, type	computer equi writers, calcu	ipment, copy ulators, water	
FULL NAME ANI	D ADDRESS OF OWNER	DESCRIPTION	OF ITEM	QTY	COST	LEASE DATE	MONTHLY RENT	NUMBER OF MONTHS	
						DATE	KENI	OF MONTHS	
(ATTACH ADDITION	NAL SHEETS, IF NECESSAR	()						1	
	E OR CONDITIONAL LEASES -								
Leasing Compar	nies: To help avoid duplica	tion of accounts rela	ited to leased p	persona	al proper	ty, PLEAS	E complete the	e following:	
Does your busine Does your busine	ss lease personal property ss handle conditional lease	in the City of Bango s on equipment loca	r?	☐ No of Ban	gor? [Yes	☐ No		
date. Also includ	e name and address of the period of the items e a description of the items sed" or "Conditional Leased ES.	(s), its model #, seri	al #, the quant	ity leas	ed, year	r acquired	and original c	ost. Attach list	
NO CHANGE	ONLY CHECK THIS B	OX IF IN THE PAST Y MENT LIST.	EAR THERE HA	VE BEE	EN NO AE	DITIONS (OR DELETIONS	TO THE	
unorganized teri the list and ansy the taxpayer was the assessor or assessing area of answers to all po	assessor or assessors, or itory for an abatement or wers with the application is unable to furnish the list assessors, chief assessor in the state Tax Assessor in the roper inquiries to subscript this declaration form, togedge, information and belief	r appeal an applica and satisfies the a st and answers in t or or State Tax Ass the case of the und be under oath to the ether with any accor	ition for abate assessing authorithe time requiressor. The astronomical terrine truth of the appanying exhibit	ment of nority of red. The ssessor tory me list an	of those or author author author and list a or or assay required answertatemen	taxes un ority to wh nd answe sessors, c ire the pe ers. ts has bee	less the taxpa nom an appea rs are not con chief assesso rson furnishin en examined by	yer furnishes I is made that nclusive upon r of a primary ng the list and me and to the	
possession, or un	ider my control, located in t esented; and that no attem	he City of Bangor or	n April 1, 2024 t	that su	ch prope	rty has be	en reasonably	described and	
I also understand	that this return is subject to	audit by the Assess	sor or an agent	acting	on his/h	er behalf.			
	IF THE ASSESSOR DOES NOT RECEIVE THIS FORM BACK, THE ASSESSOR WILL HAVE NO CHOICE BUT TO ESTIMATE THE PERSONAL PROPERTY USED IN YOUR PLACE(S) OF BUSINESS.								
	ed: YES				ТО				
Print Name: the BETE E Application Official Title:		Exem	ption	APR	APRIL 1, 2024 ASSESSMENT				
		Application		orm		ETURN MUST E APRIL 17,	BE FILED BY		
Email Address:						<u> </u>			
Person authorized to disclose records:				_	AFTER COMPLETION, PLEASE MAIL THIS FORM TO: City of Bangor Assessing Department				
Telephone Number:			_	73 Harlow Street Bangor, ME 04401					
Date:	Date:			_	Email Address: declarations@bangormaine.gov				