

WARNING: FAILURE TO REPORT WILL TRIGGER AN ASSESSOR'S AUDIT



**City of Bangor
ASSESSING DEPARTMENT
BUSINESS PERSONAL PROPERTY DECLARATION
FY 2016**

APRIL 1, 2015 ASSESSMENT DATE.
RETURN MUST BE FILED BY
APRIL 15, 2015.

ADDRESS: 73 Harlow Street, Bangor, ME 04401
TELEPHONE: (207) 992-4215 FAX: (207) 945-4433



**FAILURE TO RETURN THIS FORM
VOIDS YOUR RIGHT
OF APPEAL**

**SEE BACK OF COVER LETTER FOR
GENERAL INFORMATION AND INSTRUCTIONS.**

Location Address:

BUSINESS OWNER'S NAME(S)/PERSON(S) RESPONSIBLE TO PAY TAXES:	DESCRIPTION OF BUSINESS ACTIVITY:
NAME OF BUSINESS (DBA):	TYPE OF OWNERSHIP: <input type="checkbox"/> MAINE CORPORATION <input type="checkbox"/> FOREIGN CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> OTHER, (LIST) _____
BUSINESS LOCATION:	
BUSINESS MAILING ADDRESS:	IF CORPORATION, ENTER CORPORATE ADDRESS:
TELEPHONE #: FAX#:	

STATE OF MAINE PROPERTY TAXATION: TITLE 36
 Sec. 601. **Personal Property; Defined:** Personal Property for the purposes of taxation includes all tangible goods and chattels wheresoever they are and all vessels, at home or abroad.
 Sec. 706. **Taxpayers To List Property, Notice Penalty, Verification:** Before making an assessment, the assessor or assessors, the chief assessor of a primary assessing area or the State Tax Assessor in the case of the unorganized territory may give reasonable notice in writing to all persons liable to taxation or qualifying for exemption pursuant to subchapter 4-C in the municipality, primary assessing area or the unorganized territory to furnish the assessor or assessors, chief assessor or State Tax Assessor true and perfect lists of all their estates of which they are possessed on the first day of April of the same year.

NO CHANGE ONLY CHECK THIS BOX IF IN THE PAST YEAR THERE HAVE BEEN NO ADDITIONS OR DELETIONS TO THE ENCLOSED ASSESSMENT LIST. THIS WOULD INCLUDE LEASED, LOANED, OR GIFT ITEMS.
 (YOU WILL ALSO NEED TO SIGN & DATE THE BACK OF THIS FORM)

SECTION 1 FURNITURE AND FIXTURES, LEASEHOLD IMPROVEMENTS AND SIGNS: (Lump Sum Totals Not Accepted)

DESCRIPTION OF ITEM	MODEL #/SERIAL #	QTY.	MO./YR. ACQUIRED	COST EACH	TOTAL COST

(ATTACH ADDITIONAL SHEETS, IF NECESSARY AND IDENTIFY AS 'FURNITURE AND FIXTURES, ETC.')

SECTION 2 MACHINERY AND EQUIPMENT: (Lump Sum Totals Not Accepted)

DESCRIPTION OF ITEM	MODEL #/SERIAL #	QTY.	MO./YR. ACQUIRED	COST EACH	TOTAL COST

DESCRIPTION OF ITEM	QTY.	DESCRIPTION OF ITEM	QTY.
(a) KITCHEN STOVES/OVENS		(b) REFRIGERATORS	
(c) DISHWASHER		(d) CLOTHES DRYER	
(e) CLOTHES WASHER		TOTAL NUMBER OF ALL HOUSEHOLD APPLIANCES (a,b,c,d,&e)	
TOTAL NUMBER OF RENTAL UNITS AT THIS LOCATION			

(ATTACH ADDITIONAL SHEETS, IF NECESSARY AND IDENTIFY AS 'MACHINERY AND EQUIPMENT')

SECTION 3 COMPUTER EQUIPMENT: (Lump Sum Totals Not Accepted)

DESCRIPTION OF ITEM	MODEL #/SERIAL #	QTY.	MO./YR. ACQUIRED	COST EACH	TOTAL COST

(ATTACH ADDITIONAL SHEETS, IF NECESSARY AND IDENTIFY AS 'COMPUTER EQUIPMENT')

SECTION 4 ALL OTHER PERSONAL PROPERTY NOT INCLUDED IN SECTIONS 1, 2 OR 3: (Lump Sum Totals Not Accepted)

EX: TRAILERS (CARGO, BULK HAULING, STORAGE, OFFICE), LAW LIBRARY, ART WORK, ETC. IN THIS SECTION.

DESCRIPTION OF ITEM	MODEL # / SERIAL #	QTY.	MO./YR. ACQUIRED	COST EACH	TOTAL COST

(ATTACH ADDITIONAL SHEETS, IF NECESSARY AND IDENTIFY AS 'OTHER PERSONAL PROPERTY')

SECTION 5 LEASED, LOANED OR RENTED PERSONAL PROPERTY: *(PLEASE SEE NOTE ON INSTRUCTION LETTER BEFORE COMPLETING THIS SECTION)*
 List below **all** personal property which is located at your place of business that is leased, loaned, or rented and is **owned by someone else**. This would include such items as vending machines, postage machines, computer equipment, copy machines, telephone systems, security alarms, trash containers, video games, furniture, typewriters, calculators, water coolers, ice machines, storage trailers, construction equipment or any other type of equipment that is **not owned by you** but is located on your premises.

FULL NAME AND ADDRESS OF OWNER	DESCRIPTION OF ITEM	QTY	COST	LEASE DATE	MONTHLY RENT	NUMBER OF MONTHS

(ATTACH ADDITIONAL SHEETS, IF NECESSARY AND IDENTIFY AS "LEASED" EQUIPMENT, ETC.)

SECTION 6 TRUE OR CONDITIONAL LEASES - THIS SECTION FOR LESSORS OR LENDERS ONLY:
Leasing Companies: To help avoid duplication of accounts related to leased personal property, **PLEASE** complete the following:
 Does your business lease personal property in the City of Bangor? Yes No
 Does your business handle conditional leases on equipment located in the City of Bangor? Yes No
 If yes, provide the name and address of the person(s) or business to whom the property was leased or financed to on the assessment date. Also include a description of the item(s), its model #, serial #, the quantity leased, year acquired and original cost. Attach list identified as "Leased" or "Conditional Leased" Personal Property. **PLEASE SPECIFY WHO IS RESPONSIBLE FOR THE PERSONAL PROPERTY TAXES.**

If notice is given by mail and the taxpayer does not furnish the list, the taxpayer is barred of the right to make application to the assessor or assessors, chief assessor or State Tax Assessor or any appeal from an application for any abatement of those taxes, unless the taxpayer furnishes the list with the application and satisfies the assessing authority or authority to whom an appeal is made that the taxpayer was unable to furnish the list at the time appointed.

The assessor or assessors, chief assessor or State Tax Assessor may require the person furnishing the list to make oath to its truth, which oath any of them may administer.

I hereby certify that this declaration form, together with any accompanying exhibits or statements has been examined by me and to the best of my knowledge, information and belief sets forth a full, true, and perfect list of all taxable personal property owned by me or in my possession, or under my control, located in the City of Bangor on April 1, 2015 that such property has been reasonably described and its cost fairly represented; and that no attempt has been made to mislead the Assessor as to its age, quality, quantity or cost.

I also understand that this return is subject to audit by the Assessor or an agent acting on his/her behalf.



IF THE ASSESSOR DOES NOT RECEIVE THIS FORM BACK, HE WILL HAVE NO CHOICE BUT TO ESTIMATE THE PERSONAL PROPERTY USED IN YOUR PLACE(S) OF BUSINESS.

Signed: _____

Print Name: _____

Official Title: _____

Email Address: _____

Social Security # / Taxpayer ID#: _____

Person authorized to disclose records: _____

TELEPHONE #: _____

Date: _____

YES NO
I've attached/included the BETE Exemption Application Form



TO



APRIL 1, 2015 ASSESSMENT DATE.
 RETURN MUST BE FILED BY
 APRIL 15, 2015.

AFTER COMPLETION, PLEASE MAIL THIS FORM TO:
 City of Bangor
 Assessing Department
 73 Harlow Street
 Bangor, ME 04401

 Email Address:
 declarations@bangormaine.gov