## TOWN OF ELIOT, MAINE Assessor's Office 1333 State Road Eliot, ME 03903 (207) 439-1813 Ext. 111

## 2017-2018 PERSONAL PROPERTY SCHEDULE FORM Please return on or before <u>May 1, 2017</u>

As of April 1, 2017

### **Please complete the following:**

Business Name					
Type of Business	(e.g. restaurant, hotel)				
Circle Type of Owne	rship: sole proprietorship,	partnership,	franchise,	or corporation	
No. of Employees:	No. of parking spaces	Square footage	of occupied/lea	sed space	
Owner Name Mailing Address					
Property Leastion					
Property Location Phone Number					

Home Businesses (Builders, Electricians, etc.): Please state whether or not the assets are owned by the business. Please do not list any vehicles that are excised.

#### **NEW OR FIRST TIME TAXPAYERS:**

**Please submit a complete list of ALL PERSONAL PROPERTY (Market Value as of April 1)** used in the operation of the business as of April 1, using the following format as a guide. **Please sign this form, attach your itemized list and return them to this office on or before** <u>May 1, 2017.</u>

Quantity	Units	Asset	Model or Serial	Year Mfg	Year	Purchase
	(e.g. ea,	Description	#		Purchased	Amount
	total)					

# PREVIOUSLY ASSESSED TAXPAYERS:

Please submit a list of all ADDITIONS and/or DELETIONS to the prior year's listing (see below). Attach additional sheets if necessary. Enclosed is a copy of last year's listing only if your business filed last year.

IF THERE HAVE BEEN NO CHANGES (no additions and/or deletions) in the past year, check here and sign below.

#### Circle one if applies: **MOVED OR CLOSED** the business during the past year,

Please give date: , new location and sign below

#### **ADDITIONS**

Qty	Units (e.g. ea, total)	Asset Description	Model/ Serial #	Year Mfg	Year	Original
	ea, total)		Serial #		Purchased	Cost

#### DELETIONS

Qty	Units (e.g.	Asset Description	Model/	Year Mfg	Year	Original
	ea, total)		Serial #		Purchased	Cost

#### LEASED EOUIPMENT

Qty	Units (e.g. Ea, total)	Asset Description	Model or Serial #	Year Mfg	List Price	Original Cost	Name/Address of lessor	Lease #
				Iving	Thee	COSt		

### LEASEHOLD IMPROVEMENTS

Qty	Units (e.g. ea, total)	Asset Description	Year Mfg	Acquisition of Construction cost

Date

SignatureName/TitleReturn this form to: Assessor's Office, Town of Eliot, 1333 State Road, Eliot, ME 03903