

2024 PERSONAL PROPERTY DECLARATION

TOWN OF ELIOT
Assessor's Office
1333 State Road
Eliot, ME 03903

BUSINESS:

ACCT NO:
NO BETE/BETE/BOTH:

NOTE: FOR FASTEST PROCESSING, EXCEL-FORMATTED LISTS OF PERSONAL PROPERTY SUBMITTED BY EMAIL TO KTACKETT@ELIOTME.ORG WILL NOW BE ACKNOWLEDGED BY EMAIL RECEIPT.

OWNER 1
OWNER 2
ADDRESS 1
ADDRESS 2
CITY, STATE ZIP

Mailing address change, if any:

THIS SCHEDULE MUST BE PRESENTED TO THE ASSESSOR ON OR BEFORE **MAY 1, 2024**. **IF THIS FORM (OR SUBSTITUTE FORM) IS NOT RETURNED, IT WILL BE NECESSARY FOR THE ASSESSOR TO ESTIMATE THE VALUE OF YOUR PROPERTY, TO RELY UPON SUCH ESTIMATE WHEN SETTING THE TAX RATE, AND TO BASE YOUR TAX BILL ON THIS ESTIMATE.** FILING OF THE SCHEDULE IS REQUIRED UNDER MAINE LAW. TITLE 36 OF THE MAINE REVISED STATUTES § 706-A STATES "...UPON DEMAND THE TAXPAYERS SHALL ANSWER IN WRITING ALL PROPER INQUIRIES AS TO THE NATURE, SITUATION AND VALUE OF PROPERTY LIABLE TO BE TAXED OR QUALIFYING FOR EXEMPTION IN THE STATE ... A REFUSAL OR NEGLECT TO ANSWER SUCH INQUIRIES AND SUBSCRIBE THE SAME BARS AN APPEAL, BUT SUCH LIST AND ANSWERS SHALL NOT BE CONCLUSIVE UPON THE ASSESSOR..." THIS FORM MAY BE USED FOR THE DECLARATION OF PERSONAL PROPERTY; HOWEVER, THOSE OWNERS WHO HAVE THE ABILITY TO FURNISH COMPUTER DATA OR WISH TO USE OTHER REPORTING METHODS, SUCH AS EXCEL, MAY DO SO IF THE INFORMATION REQUESTED ON THIS FORM IS PROVIDED BY THEIR METHOD.

Business Name: _____ **Phone Number:** _____

Physical Location: _____ **Type of Business:** _____

Date Business Started: _____ **Building or Business Space Square Footage:** _____

Business Owner's Name _____ **Contact Person:** _____

Email _____ **Website** _____

Is the real estate owned by this business? ☐ Yes ☐ No If yes, are there any tenants? ☐ Yes ☐ No If Yes, please provide a list.

Having carefully read the above, I hereby certify that the information reported hereon is full, true, and correct to the best of my knowledge and belief.

Date: _____ **Signature:** _____ **Title:** _____

Person authorized to disclose records: _____ **Title:** _____

NEW ACCOUNTS: Please complete the reverse side or attach an itemized listing.

EXISTING ACCOUNTS ONLY: Please complete the reverse side indicating any additions since April 1, 2023. Complete the list of Leased Personal Property, if applicable. Include any items formerly leased that were purchased after lease termination. Note any deletions of personal property listed in prior years that are currently assessed, including terminated leased property assessed to the lessor. ***A list of last year's personal property can be provided upon request.***

Check here if there are no additions or deletions since April 1, 2023. ☐

To get all or part of your taxes reimbursed under the Business Equipment Tax Reimbursement (BETR) Program: Submit this completed PERSONAL PROPERTY DECLARATION with a complete and accurate list to the Assessor by the due date. After your property is assessed and taxes are paid in full, complete Assessor Notification Forms 801A and/or 801B in the BETR Application Booklet (found in the link below), have them signed by the Assessor, and present them to the State of Maine with **proof taxes were paid in full**. Full or partial taxes may be reimbursed on eligible business equipment (other than on office furniture and lighting fixtures) placed in service in the State after April 1, 1995. **You cannot receive tax reimbursement under BETR if taxes are outstanding. Questions about the BETR program can be directed to Maine Revenue Services, Property Tax Division, P. O. Box 9106, Augusta, ME 04332, Telephone (207) 624-9404. The BETR application is found here:**

<https://www.maine.gov/revenue/taxes/tax-relief-credits-programs/property-tax-relief-programs/business-equipment-tax-programs>

PERSONAL PROPERTY DECLARATION AS OF APRIL 1, 2024

1	2	3	4				
			PURCHASE INFORMATION				
A=ADDITIONS *D=DELETIONS	ITEM DESCRIPTION, MODEL NO.	**TYPE CODE	***TOTAL COST (ROUND TO NEAREST \$)	DATE OF PURCHASE (MM/DD/YY)	N=NEW U=USED	ORIGINAL COST WHEN NEW AND YEAR MANUFACTURED (IF KNOWN)	STATE OF ORIGIN IF PURCHASED USED (E.G., ME, NH)

*** PLEASE LIST ANY PREVIOUSLY ASSESSED PERSONAL PROPERTY THAT HAS BEEN DISPOSED OF BETWEEN APRIL 1, 2023 AND MARCH 31, 2024**

**** TYPE : F= FURNITURE OR FIXTURE M = MACHINERY OR EQUIPMENT C = COMPUTER HARDWARE O = OTHER**

*****TOTAL COST INCLUDES SALES TAX, FREIGHT, INSTALLATION, AND CAPITAL IMPROVEMENTS TO EXISTING EQUIPMENT.**

LEASED PERSONAL PROPERTY AS OF APRIL 1, 2024

PLEASE CHECK THE BOX THAT APPLIES TO YOUR LEASED PERSONAL PROPERTY:

☐ MY BUSINESS IS RESPONSIBLE FOR PAYING THE TAXES ON THE FOLLOWING LEASED PERSONAL PROPERTY. BILL MY BUSINESS DIRECTLY.

☐ THE LESSOR IS RESPONSIBLE FOR PAYING THE TAXES ON THE FOLLOWING LEASED PERSONAL PROPERTY.

LESSOR NAME:

ADDRESS:

TELEPHONE NUMBER:

NAME OF CONTACT PERSON:

ITEM DESCRIPTION, MODEL NO.	ORIGINAL COST	MONTHLY PAYMENT	LEASE DATES		LEASE/PURCHASE (YES OR NO)
			FROM	TO	