

## 2015 PERSONAL PROPERTY TAX RETURN WATERVILLE, MAINE

The tax situs date in the State of Maine is April 1st. This Personal Property Tax Return is provided to assist all owners of taxable personal property in complying with Title 36 Section 706, MRSA.

X **What is taxable?** ALL items are taxable unless specifically exempt by state law. In Maine, any and all items of personal property employed in trade, business, manufacturing, or any income producing enterprise (whether or not a profit is realized) are subject to the property tax. They may be located at home or at the business location. Depreciation for accounting or Internal Revenue Service purposes is not a factor. An item fully depreciated for accounting purposes must be reported and is subject to property tax.

Some examples of taxable personal property are desks, filing cabinets, computers and specialized software, telephone systems, shelves, counters, music systems, and signs. Other examples are, air compressors, manufacturing equipment, construction equipment (unless excised), video machines, ovens, refrigerators and coolers, etc.. This listing is only a sample of taxable items.

X **Note to Equipment Rental Businesses:** Leased items are considered taxable unless they are held for the purposes of resale. Any claim for exemption of these items must be accompanied by documentation proving the items are indeed held for the purposes of resale and not for rental purposes. **Exemption applications must be received ON or BEFORE April 1st.**

### X **How to file:**

X *Existing, New and recently Closed Businesses* are required to complete and submit page three of this report (Owner Information Section). Answer all applicable questions. See Instructions on page two.

X *New Businesses and Existing Businesses with new equipment:* Use page four to report items of personal property not already on file. You may indicate no changes, if you have not acquired or removed property.

X *Existing Businesses:* Use the enclosed personal property listing from the previous year. Indicate those items that have been retired from the business. Simply cross out the item or correct the quantity.

X *Leased Equipment* is to be reported at the bottom of page four. Indicate the name of the equipment owner (lessor), their address and telephone number, a description of the item(s), cost or fees for the lease, the lease term and any purchase option information.

X *Keep A Copy* of the return for your records.

X *Submit pages 3 & 4:* Detach the returns from the instruction pages and submit *only* pages 3 & 4 to the Assessor's Office.

X **Filing Deadline** is April 15, 2015. Indicate on the return envelope "*Personal Property Tax Return*" and file the completed forms at:

Office of the Assessor  
Waterville City Hall  
One Common Street  
Waterville, Maine 04901-6699

X **For Assistance** contact the Assessor's Office at (207) 680-4221 during normal business hours.

**Instructions:** Print or type all information.

**Page 3, Owner Information Section**

*Line 1.* Enter the name or names of all legal owners.

*Line 2.* Enter the name of the business.

*Line 2a* If you have changed the name of your business, enter the previous or old name.

*Line 3.* Indicate the correct business structure of the enterprise. *Ex. Ann B. Coe and Dana E. Former operate a limited partnership, and are doing business as Coe & Former Consulting.*

*Line 4.* Enter the official mailing address of the business activity.

*Line 5.* Enter the location of the business activity.

*Line 6a.* Enter the legal name of the corporation

*Line 6b.* Enter names of corporate official(s) or representative(s) and their title(s).

*Line 6c.* Enter the corporate address.

*Line 6d.* Enter the State of Incorporation.

*Line 7.* Enter account number on the mailing label. Enter a checkmark if a NEW ACCOUNT.

*Line 8.* Enter a checkmark in the box beside the business type that best describes the business activity.

*Line 9.* Enter Preparer's name, address and telephone number, if other than the owner.

*Line 10.* Enter correct address for billing and all related mailings. If address differs from mailing label, enter a checkmark in the corresponding box.

*Line 11.* Enter date business activity ended. Declare any equipment transferred, the date, to whom it was transferred and their address.

*Line 12.* Sign and date the Personal Property Tax Return form and return to the address indicated, by the filing date.

**Page 4, Declaration of Personal Property**

*Column 1.* Enter a brief description of items being reported. *Ex. 21 cubic foot freezer*

*Column 2.* Enter the quantity or number of items being reported in Column 1.

*Column 3.* Enter the year of manufacture

*Column 4.* Enter the year of acquisition/placed in service.

*Column 5.* Enter a checkmark in the box if equipment was acquired NEW.

*Column 6.* Enter a checkmark in the box if the equipment was acquired USED.

*Column 7.* If used, enter the place name of where the item was previously located.

*Column 8.* Enter the original cost of the item.

*Column 9.* Enter related costs, such as installation, special piping, foundations, wiring, shipping and handling, etc..

*Column 10.* Enter location of the equipment.

*Ex. 100 Main St*

*Column 11.* Enter a checkmark if the State of Maine Business Equipment Tax Reimbursement (BETR) will be requested for the upcoming tax year.

*Column 12. MAKE NO ENTRY - OFFICE USE*

*No Changes - If you have not acquired or removed ANY property, then check the No Changes box.*

**Page 4, Leased Equipment**

*Column 1.* Enter the name of the Lessor and their address

*Column 2.* Enter the telephone number, including area code, of the lessor.

*Column 3.* Enter a brief description of the leased item.

*Column 4.* Enter the lease fee paid.

*Column 5.* Enter the term of the lease. *Ex. 5 years or 36 months*

*Column 6.* Enter information about any purchase option that is a part of the lease.

*Attach additional pages as necessary.*

**2015 PERSONAL PROPERTY TAX RETURN  
CITY OF WATERVILLE, MAINE**

**Owner Information Section:** Please Print or Type all information. See Instructions, Page 2.

1. Owner(s) Name(s): \_\_\_\_\_ phone # \_\_\_\_\_

2. Business Name: \_\_\_\_\_

2a. If this is a new business name, indicate name of old business \_\_\_\_\_

3. Business Structure: Sole Proprietorship  Partnership  Limited Partnership  Corporation  Other

4. Address: \_\_\_\_\_

5. Location: \_\_\_\_\_

6. Corporate Information: Corporations are to provide the following information:

6a. Corporate Name: \_\_\_\_\_

6b. Official(s)/Representative(s) & Titles: \_\_\_\_\_

6c. Address: \_\_\_\_\_

6d. State of Incorporation: \_\_\_\_\_

7. Account Number \_\_\_\_\_ New Account  \_\_\_\_\_

8. Business Activity Type: Check only one type.

- |   |   |  |   |  |
|---|---|--|---|--|
| <input type="checkbox"/> Auto Service (AR)      | <input type="checkbox"/> Bank/Credit Union (BK)   | <input type="checkbox"/> Contractor (CO)       | <input type="checkbox"/> Convenience Store (CS) | <input type="checkbox"/> Car Wash (CW)   |
| <input type="checkbox"/> Earthmover/Excavat(EE) | <input type="checkbox"/> Fuel Dealer (FD)         | <input type="checkbox"/> Funeral/Mort (FP)     | <input type="checkbox"/> Game Room (GR)         | <input type="checkbox"/> Grocery (GS)    |
| <input type="checkbox"/> Hotel (HO)             | <input type="checkbox"/> Laundry (LA)             | <input type="checkbox"/> Lease/Rentals (LE)    | <input type="checkbox"/> Manufacturing (MN)     | <input type="checkbox"/> Motel (MO)      |
| <input type="checkbox"/> Machine Shop (MS)      | <input type="checkbox"/> Office - Business (OB)   | <input type="checkbox"/> Office-Dental (OD)    | <input type="checkbox"/> Office-Law (OL)        | <input type="checkbox"/> Office-Med(OM)  |
| <input type="checkbox"/> Optometrist/Optha(OP)  | <input type="checkbox"/> Office Veterinarian (OV) | <input type="checkbox"/> Printing (PR)         | <input type="checkbox"/> Radio Station (RA)     | <input type="checkbox"/> Restaurant (RE) |
| <input type="checkbox"/> Repair Shop (RS)       | <input type="checkbox"/> Retail Store (RT)        | <input type="checkbox"/> Service Business (SB) | <input type="checkbox"/> Service Station (SS)   | <input type="checkbox"/> TruckTerm (TT)  |
| <input type="checkbox"/> TV Station (TV)        | <input type="checkbox"/> Warehouse (WH)           | <input type="checkbox"/> Welding Supply (WS)   | <input type="checkbox"/> Woodworking (WW)       | <input type="checkbox"/> Other _____     |

9. Preparer's Information: Name: \_\_\_\_\_ Title \_\_\_\_\_

Address: \_\_\_\_\_

10. Correct Billing Address: Check here if different from mailing label

Address: \_\_\_\_\_

11. Business Closed: This Business Closed on (date)\_\_\_\_\_. All equipment was transferred to:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

on (date) \_\_\_\_\_.

12. Certification: I hereby certify that all information contained in this return is true, correct and complete.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone #: \_\_\_\_\_



**2015 PERSONAL PROPERTY TAX RETURN - CITY OF WATERVILLE, MAINE**

**DECLARATION OF PERSONAL PROPERTY** - See Instructions Page 2.

| Col 1<br>Item | Col 2<br>Quantity | Col 3<br>Year-M | Col 4<br>Year-A | Col 5<br>New             | Col 6<br>Used            | Col 7<br>Place | Col 8<br>Original<br>Cost | Col 9<br>Related<br>Cost | Col 10<br>Location | Col 11<br>BETR           | Col 12<br>ASSESSOR<br>USE ONLY |
|---------------|-------------------|-----------------|-----------------|--------------------------|--------------------------|----------------|---------------------------|--------------------------|--------------------|--------------------------|--------------------------------|
| _____         | _____             | _____           | _____           | <input type="checkbox"/> | <input type="checkbox"/> | _____          | _____                     | _____                    | _____              | <input type="checkbox"/> | _____                          |
| _____         | _____             | _____           | _____           | <input type="checkbox"/> | <input type="checkbox"/> | _____          | _____                     | _____                    | _____              | <input type="checkbox"/> | _____                          |
| _____         | _____             | _____           | _____           | <input type="checkbox"/> | <input type="checkbox"/> | _____          | _____                     | _____                    | _____              | <input type="checkbox"/> | _____                          |
| _____         | _____             | _____           | _____           | <input type="checkbox"/> | <input type="checkbox"/> | _____          | _____                     | _____                    | _____              | <input type="checkbox"/> | _____                          |
| _____         | _____             | _____           | _____           | <input type="checkbox"/> | <input type="checkbox"/> | _____          | _____                     | _____                    | _____              | <input type="checkbox"/> | _____                          |
| _____         | _____             | _____           | _____           | <input type="checkbox"/> | <input type="checkbox"/> | _____          | _____                     | _____                    | _____              | <input type="checkbox"/> | _____                          |
| _____         | _____             | _____           | _____           | <input type="checkbox"/> | <input type="checkbox"/> | _____          | _____                     | _____                    | _____              | <input type="checkbox"/> | _____                          |
| _____         | _____             | _____           | _____           | <input type="checkbox"/> | <input type="checkbox"/> | _____          | _____                     | _____                    | _____              | <input type="checkbox"/> | _____                          |
| _____         | _____             | _____           | _____           | <input type="checkbox"/> | <input type="checkbox"/> | _____          | _____                     | _____                    | _____              | <input type="checkbox"/> | _____                          |
| _____         | _____             | _____           | _____           | <input type="checkbox"/> | <input type="checkbox"/> | _____          | _____                     | _____                    | _____              | <input type="checkbox"/> | _____                          |

**NO CHANGES** - If you have not acquired or removed any property since last April 1st, check here

**DECLARATION OF LEASED EQUIPMENT** - See Instructions Page 2.

| Col 1<br>Lessor's Name & Address | Col 2<br>Phone Number | Col 3<br>Item | Col 4<br>Lease Fees | Col 5<br>Lease Term/Duration | Col 6<br>Purchase Option Terms |
|----------------------------------|-----------------------|---------------|---------------------|------------------------------|--------------------------------|
| _____                            | _____                 | _____         | _____               | _____                        | _____                          |
| _____                            | _____                 | _____         | _____               | _____                        | _____                          |
| _____                            | _____                 | _____         | _____               | _____                        | _____                          |

**Notes** - \_\_\_\_\_  
 \_\_\_\_\_