

TOWN OF THOMASTON – SHORT FORM 2016 PERSONAL PROPERTY DECLARATION

ASSESSMENT DATE **OCTOBER 1, 2016**

REQUIRED RETURN DATE: **NOVEMBER 1, 2016**

DIRECT QUESTIONS CONCERNING RETURN TO :

LOCATION OF ACCOUNTING RECORDS

Name _____

Address _____

City/State/Zip _____

Phone/Fax _____

Description of Business _____ Date your business began in Thomaston? _____

How many square feet does your firm occupy at your location (s) in Thomaston ? _____ Sq. Ft. Own ___ Lease ___

Owner's Name: _____

Location: _____

Name of Business: _____

BUSINESS DATA FOR ALL FILERS
NOTE "N/A" ON LINES NOT APPLICABLE

RETURN FORMS TO: ASSESSOR'S OFFICE
PO BOX 136
THOMASTON, CT 06787

Type of ownership:

- Corporation
- LLC
- Partnership
- Sole Proprietor
- Other _____

SF

Type of Business:

- Manufacturer
- Service
- Retail/Mercantile
- Wholesale
- Profession
- Tradesman
- Lessor
- Other _____

In the last 12 months was any of the property included in this declaration located in another Connecticut town for at least 3 months? If yes, identify by specific months, code , cost and location(s).

Are there any other business operations that are operating from your address here in this town? If yes, give name and mailing address.

Do you own tangible personal property that is leased or consigned to others in this town? If yes, complete **LESSOR'S REPORT**.

Did you have in your possession on October 1st any borrowed, consigned, stored or rented property? If yes, complete **LESSEE'S REPORT**.

YES	NO

AFFIDAVIT OF BUSINESS CLOSING OR MOVE OF BUSINESS OR SALE OF BUSINESS

I _____ of _____ at _____
Business Owner's name Business Name (if applicable) Street location of business name shown

with regards to said business do certify that on _____ said business was (check one and complete)
date

SOLD TO: _____ ATTACH BILL OF SALE
name address

MOVED TO: _____

TERMINATED: ATTACH LETTER OF DISSOLUTION OR OTHER SUPPORTING DOCUMENTATION

The signer is made aware that the penalty for making a false affidavit is a \$500 fine or imprisonment for one year or both.

signature Print name

AFFIDAVIT – THIS FORM MUST BE SIGNED (AND IN SOME CASES WITNESSED) BEFORE IT MAY BE FILED WITH THE ASSESSOR
AVOID PENALTY – NOTARIZE PERSONAL PROPERTY DECLARATION SIGNED BY AGENT

I DO HEREBY declare under penalty of false statement that this declaration, according to the best of my knowledge, remembrance, and belief, is a true statement of all my property, owned by me and in my possession, or under my control, located in the Town of Thomaston on October 1, 2016, liable to taxation. I also declare under penalty of false statement that I have not conveyed or temporarily disposed of any estate for the purposes of evading the laws related to the assessment and collection of taxes and that no attempt has been made to mislead regarding the total number and type of all items or the true original cost and year acquired. I request the information contained in this declaration be kept confidential. I understand that the information provided herein is subject to an audit.

OWNER'S SIGNATURE OR _____ PRINT OWNER'S NAME _____ DATED _____
CORPORATE OFFICER

I DO HEREBY declare under oath that I have been duly appointed agent for the owner of the property listed above and that I have full authority and knowledge sufficient to file a proper declaration for him/her in accordance with the provisions of CGS §12-50.

AGENT'S SIGNATURE _____ PRINT AGENT'S NAME _____ DATED _____

Witness of agent's sworn statement

Subscribed and sworn to before me DATE _____ NAME: _____

2016 PERSONAL PROPERTY DECLARATION – SHORT FORM SUMMARY SHEET

Commercial and financial information is not open to public inspection

Assessment date October 1, 2016
Required return date November 1, 2016

List or Account # _____

Owner's Name _____

Address _____ DBA _____

City/State/Zip _____

Phone / Fax _____ / _____ Street location of personal property in Thomaston

E-mail _____ Description of business: _____

Type of ownership: Corporation Partnership LLC Sole Proprietor Other-Describe _____

Type of business: Manufacturer Wholesale Service Profession Retail/Mercantile Tradesman Other _____

IRS Business Activity Code _____ Square footage _____ No. of Employees _____

#9 Motor Vehicles UNREGISTERED motor vehicles (e.g. campers, RV's, snowmobiles, trailers, trucks, passenger cars, tractors, off-road construction vehicles, etc.) including any vehicle garaged in Connecticut but registered in another state, or any such vehicle not registered at all. If you are a farmer eligible for the exemption under Sec. 12-91, list tractors in Code 17.

Year	Make	Model	Identification No.	Length	Weight	Purchase Price	Date	Value

#11 Horses And Ponies Describe your horses and ponies. A \$1,000 assessment exemption per animal will be applied. If you are a farmer, the exemption may be 100% provided Form M-28 is filed with and approved by the Assessor.

Breed	Age	Registered	Sex	Quality: Breeding/Show/Pleasure/Racing	Value

#14 Mobile Manufactured Homes if not currently assessed as real estate

Year	Make	Model	Identification No.	Length	Width	Bedrooms	Baths	Value

Property Code and Description	Net Depreciated Value From page 2	ASSESSOR'S USE ONLY
#12 - Commercial Fishing Apparatus All fishing apparatus exclusively used by a commercial fisherman in his business (e.g., fishing poles, nets, lobster pots, fish finders, etc.). A \$500 value exemption will be applied.		#12
#16 - Furniture & Fixtures Furniture, fixtures and equipment of all commercial, industrial, manufacturing, mercantile, trading and all other businesses, occupation and professions. Examples: desks, chairs, tables, file cabinets, typewriters, calculators, copy machines, telephones (including mobile telephones), telephone answering machines, facsimile machines, postage meters, cash registers, moveable air conditioners, partitions, shelving display racks, refrigerators, freezers, kitchen equipment, etc.		#16
#17 - Farm Machinery Farm machinery (e.g., tractors, harrows, bush hogs, hay bines, hay rakes, balers, corn choppers, milking machines, milk tanks, coolers, chuck wagons, dozers, back hoes, hydroponic farm equipment, aquaculture equipment, etc.), used in the operation of a farm.		#17
#18 - Farming Tools Farm tools, (e.g., hoes, rakes, pitch forks, shovels, hoses, brooms, etc.).		#18
#19 - Mechanics Tools Mechanics tools (e.g., wrenches, air hammers, jacks, sockets, etc.).		#19
#20 - Electronic Data Processing Equipment Electronic data processing equipment (e.g., computers, printers, peripheral computer equipment, and any computer based equipment acting as a computer as defined under Section 168 of the IRS Code of 1986, etc.). Bundled software is taxable and must be included.		#20
#23 - Average Supplies The average monthly quantity of supplies normally consumed in the course of business (e.g., stationery, post-it notes, toner, computer disks, computer paper, pens, pencils, rulers, staplers, paper clips, medical and dental supplies and maintenance supplies, etc.).		#23
#24 - Other All Other Goods, Chattels and Effects Any other taxable personal property not previously mentioned or which does not appear to fit into any of the other categories. (e.g. video tapes, vending machines, pinball games, video games, signs, billboards, coffee makers, water coolers, leasehold improvements (other than realty etc.).		#24
Total Assessment – all codes #9 through #24	Subtotal >	
#25 – Penalty for failure to file as required by statute – 25% of assessment		#25

Exemption - Check box adjacent to the exemption you are claiming:

- I – Mechanic's Tools - \$500 value M – Commercial Fishing Apparatus - \$500 value
- I – Farming Tools - \$500 value I – Horses/ponies \$1000 assessment per animal

All of the following exemptions require a separate application and/or certificate to be filed with the Assessor by the required return date

- J – Water Pollution or Air Pollution control equipment – Connecticut DEP certificate required – provide copy
- I – Farm Machinery \$100,000 value - Exemption application M-28 required annually
- G & H – Distressed Municipality/Enterprise Zone/Enterprise Corridor Zone - Exemption application M-55 required annually

Total Net Assessment _____ **Assessor's Final Assessment Total >** _____

LESSEE'S LISTING REPORT Lessee's Name _____ Pursuant to Connecticut General Statutes §12-57a all leased, borrowed, consigned, loaned, rented, or stored personal property not owned by you but in your possession as of the assessment date must be included on this form. Failure to declare, in the form and manner as herein prescribed, shall result in the presumption of ownership and subsequent tax liability plus penalties. Property you do not lease that may be in your possession and must be reported includes (but is not limited to) dumpsters, gas/propane tanks, vending machines, water coolers, coffee machines.

COPY AND ATTACH ADDITIONAL SHEETS IF NEEDED

- Yes No Did you dispose of any leased items that were in your possession on October 1, 2015? If yes, enter a description of the property and the date of disposition in the space to the right. _____
- Did you acquire any of the leased items that were in your possession on October 1, 2015? If yes, indicate previous lessor, item(s) and date(s) acquired in the space to the right. _____
- Is the cost of any of the equipment listed below declared anywhere else on this declaration? If yes, note year in the 'Year Included' row and list cost in the 'Acquisition Cost' row.

	Lease #1	Lease #2	Lease #3
Name of Lessor			
Lessor's address			
Lease Number			
Item description / Model #			
Serial #			
Year of manufacture			
Capital Lease	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Lease Term – Beginning/End			
Monthly rent			
Acquisition Cost			
Year Included			

DECLARATION OF PERSONAL PROPERTY AFFIDAVIT

THIS FORM MUST BE SIGNED (AND IN SOME CASES WITNESSED) BEFORE IT MAY BE FILED WITH THE ASSESSOR.

AVOID PENALTY – IMPROPERLY SIGNED DECLARATIONS REQUIRE A 25% PENALTY

COMPLETE SECTION A OR SECTION B

Section A

OWNER I DO HEREBY declare under penalty of false statement that all sections of this declaration have been completed according to the best of my knowledge, remembrance, and belief; that it is a true statement of all my personal property liable to taxation; and that I have not conveyed or temporarily disposed of any estate for the purpose of evading the laws relating to the assessment and collection of taxes as per Connecticut General Statutes §12-49.

CHECK ONE OWNER PARTNER
 CORPORATE OFFICER MEMBER

Signature _____

Dated _____

Signature/Title _____

Print or type name _____

Section B

AGENT I DO HEREBY declare under oath that I have been duly appointed agent for the owner of the property listed herein and that I have full authority and knowledge sufficient to file a proper declaration for him in accord with the provisions of §12-50 C.G.S.

Agent's Signature _____

Dated _____

Agent's Signature /Title _____

Print or type agent's name _____

AGENT SIGNATURE MUST BE WITNESSED

Witness of agent's sworn statement

Subscribed and sworn to before me - _____

Dated _____

Circle one: Assessor or staff member, Town Clerk, Justice of the Peace, Notary or Commissioner of Superior Court

The Personal Property Declaration must be signed above and delivered to the Assessor or postmarked by, November 1, 2016