

Annual Return to Bristol, R. I. Tax Assessor

The Law is Mandatory - A Return Must Be Filed (RI Law Section 44-5-15, as amended)
And Mail To: Bristol Tax Assessor, 10 Court Street, Bristol, RI 02809
(401) 253-7000

Statement of Valuation as of 12/31/16

← This Name and Mailing Address
 Will Be Used For Tax Bill.
 Please Change if Incorrect

For your convenience, we have supplied you with this form for the declaration of taxable property located in Rhode Island. According to The General Laws Of Rhode Island, taxable property must be declared to the Assessor between **DECEMBER 31, 2016 and JANUARY 31, 2017**. If a taxpayer is unable to make such declaration within the prescribed time, he may submit written notice, prior to **JANUARY 31**, of intention to submit declaration by **MARCH 15TH, 2017**. Failure to file a true and full account, within the prescribed time, eliminates the right to appeal. No amended returns will be accepted after **MARCH 15TH, 2017**. **STATE LAW REQUIRES THE FILING OF THIS DECLARATION. FAILURE TO DO SO MAY RESULT IN AN INCREASED ASSESSMENT. THIS FORM IS NOT SUBJECT TO PUBLIC INSPECTION.**

FILE THIS RETURN BY MIDNIGHT JANUARY 31, 2017

Thank you for your cooperation. If we can be of assistance in preparing your report, feel free to come to our office at the Town Hall, 10 Court Street, Bristol, RI 02809 or call (401) 253-7000 extension 142.

My Residence Is: _____

I, (Name) _____

(Title) _____

am responsible for the information contained within this form.

My Daytime Phone Number Is: _____

Give a Full, General Description of Your Business Operation: NAICS#

Mfg. Wholesale Retail Other _____

Number of employees as of December 31, 2016 _____ Square Feet Occupied _____

Do you own or lease the space occupied? _____ Monthly Rent: _____

Ownership: Corporation Co-Partnership Individual

NAME(s): _____

Business Name/DBA: _____

Business Address: _____

Mailing Address: _____

E-mail Address: _____ Years in Business: _____

SECTION I

REAL ESTATE OWNED If You Need Additional Space Attach Addendum

LOCATION AND DESCRIPTION	Assessor's		Claimed Full Value	
	Plat(s)	Lot(s)	Land	Improvements

SECTION 2**SHORT LIFE - COMPUTER EQUIPMENT ONLY**

Please list computer equipment separately in this section by year, make, model with description of each piece owned. **Manufacturers** include all computer equipment NOT used directly in the actual manufacturing process. Attach a separate sheet if necessary.

Calendar Year Purchased	Make Model	Acquired New or Used	Acquisition Cost	Depreciation Rate	Claimed Full Value	Assessor's Use Only
2016				5%		
2015				20%		
2014				40%		
2013				70%		
2012 and Prior				80%		
TOTALS						

SECTION 3**TANGIBLE PERSONAL PROPERTY**

List by year total acquisition cost for all furniture, fixtures, equipment, signs and **unregistered vehicles** owned by you that are used in conducting the operations of any retail, wholesale, service, contracting, professional or other type of business that have an economic life between 6 and 12 years.

Manufacturers should only report all furniture, fixtures and equipment NOT used directly in the actual manufacturing process.

IMPORTANT: Be sure to declare all acquisitions still in use, even though fully depreciated on your books. *List all leased / rented equipment in Section 8. Be sure to list all computer equipment separately in Section 2*

Calendar Year Purchased	Acquired New or Used	Acquisition Cost	Depreciation Rate	Claimed Full Value	Assessor's Use Only
2016			5%		
2015			10%		
2014			20%		
2013			30%		
2012			40%		
2011			50%		
2010			60%		
2009 and prior			70%		
TOTALS					

SECTION 4**LONG LIFE ASSETS**

List by year the total acquisition cost for all assets that have an economic life of 13 years or more. **Manufacturers** should only report assets that are NOT used directly in the actual manufacturing process. **IMPORTANT:** Be sure to declare all acquisitions still in use - even though fully depreciated on your books. *List all leased / rented equipment in Section 8. DO NOT duplicate assets reported in Sections 2 and 3.*

Calendar Year Purchased	Acquired New or Used	Acquisition Cost	Depreciation Rate	Claimed Full Value	Assessor's Use Only
2016			5%		
2015			10%		
2014			15%		
2013			20%		
2012			25%		
2011			30%		
2010			35%		
2009			40%		
2008			45%		
2007			50%		
2006			55%		
2005			60%		
2004			65%		
2003 and prior			70%		
TOTALS					

SECTION 5**BUILDINGS & IMPROVEMENTS ON LEASED LAND**

Property Address: _____ PLAT _____ LOT _____
 Property Used For: _____ CLAIMED FULL VALUE: _____
 Name of Landowner: _____ \$ _____
 Is Lease Recorded? Yes ___ No ___ Dates Of Lease: From _____ To _____

SECTION 6**INVENTORY / STOCK IN TRADE / SUPPLIES**

This Section to be used by ALL BUSINESSES, INCLUDING MANUFACTURERS
 Also include any **Consigned** inventories.

Your Average Monthly Stock In Trade / Supplies Inventory at Cost _____ (FIFO Method)
 Your Average Monthly Retail / Wholesale Inventory at Cost _____ (FIFO Method)
 January: _____ February: _____ March: _____ April: _____
 May: _____ June: _____ July: _____ August: _____
 September: _____ October: _____ November: _____ December: _____

Planned floor goods must be included.

SECTION 7**MANUFACTURER INVENTORIES WHICH YOU CLAIM EXEMPT**

(RI Law 44-5-38, as amended)

Type of Inventory	City and State of Manufacture	Claimed Full Value 100%
Raw Materials		
Goods In Progress		
Finished Goods		
	TOTAL	\$

SECTION 8**LEASED / RENTED / CONSIGNED
TANGIBLE PERSONAL PROPERTY**

This Section to be Used by All
 Businesses INCLUDING MANUFACTURERS

Owner/Address	Item Description	Cost New	Lease Term	Monthly Rent	Lease #

SECTION 9**TANGIBLE PROPERTY LEASED OR RENTED TO OTHERS**

On December 31, 2016, if you owned any items of tangible personal property (except registered motor vehicles), which you leased or rented to others, **attach a separate schedule to this form and report all of the following information for each item:**

Lessee's name and location of property, description of property, your acquisition cost, date of acquisition or installation, date of manufacture, monthly rental or lease income, and dates of lease.

SECTION 10**LEASEHOLD IMPROVEMENTS**

Fixtures, etc., owned by you and attached to or used in real estate owned by others and not reported elsewhere.

Leasehold improvements include, but are not limited to, wall panelling, carpeting, tile on wall and floors, ceilings, electrical and plumbing fixtures, partitions, building additions and the like.

Calendar Year Purchased	Description of Improvement	Improvement Cost	Depreciation Rate	Claimed Full Value	Assessor's Use Only
2016			5%		
2015			10%		
2014			20%		
2013			30%		
2012			40%		
2011			50%		
2010			60%		
2009 and prior			70%		
TOTALS					

SECTION 11**SIGN YOUR RETURN AND NOTARIZE**

I do hereby certify and declare that, to the best of my knowledge and belief, the foregoing is a true and complete list of all real estate and personal property owned by said Corporation, Co-Partnership or Individual in or ratable in said Town on the said thirty-first day of December, 2016 at 12 o'clock midnight, Eastern Standard Time; that the value placed against each item thereof is the full and fair-cash value thereof at said time.

Please
Sign
Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature _____ Date _____ Title _____

On _____, _____ personally appeared before me and made oath that the foregoing account, by him/her signed and exhibited, contains to the best of his/her knowledge and belief, a true and full account and valuation of all the ratable estate owned or possessed by said corporation, co-partnership, or individual.

Signature of Notary Public and Date

My Commission Expires

ASSESSOR'S USE ONLY

Total Section 1 _____ Total Section 5 _____ Total Section 8 _____
 Total Section 2 _____ Total Section 6 _____ Total Section 9 _____
 Total Section 3 _____ Total Section 7 _____ Total Section 10 _____
 Total Section 4 _____ Grand Total _____