

2018 Annual Return for Cranston, RI

STATE LAW REQUIRES ANNUAL FILING OF THIS DECLARATION. FAILURE TO DO SO MAY RESULT IN AN INCREASED ASSESSMENT. THIS FORM IS NOT SUBJECT TO PUBLIC INSPECTION.

Mail Completed Form to: Tax Assessor, 869 Park Ave, Cranston, RI 02910

Statement of valuation as of December 31, 2017

This Name and Mailing Address will be used for the Tax Bill. Please indicate changes if incorrect.

Assessor Use Only

Pursuant to RI General Laws, Chapter 44-5, taxable property located in Rhode Island must be declared to the Tax Assessor between **JANUARY 1, 2018** and **JANUARY 31, 2018**. If the declaration cannot be made within the prescribed time, written notice must be submitted prior to **JANUARY 31, 2018** of intention to submit declaration by **MARCH 15, 2018**. **Failure to file a true and complete account of assets within the prescribed time eliminates the right to appeal.** No returns or amended statements will be accepted after **MARCH 15, 2018**.

Thank You for your cooperation. If we may be of assistance in preparing the return, please contact the Tax Assessor's Office at (401) 780-3187

THIS FORM IS NOT SUBJECT TO PUBLIC INSPECTION.

BUSINESS INFORMATION

NAICS #: _____

BUSINESS NAME / DBA: _____

BUSINESS LOCATION: _____

BUSINESS OWNER NAME: _____

MAILING ADDRESS (IF DIFFERENT FROM LABEL): _____

OWNERSHIP (CIRCLE ONE): SOLE PROPRIETOR PARTNERSHIP CORPORATION LLC

IS THE ORGANIZATION REGISTERED WITH THE STATE OF RHODE ISLAND? _____

BUSINESS TYPE (CIRCLE ONE):

MFG / INDUST RETAIL OFFICE FOOD SERVICE MEDICAL SERVICE OTHER

GENERAL DESCRIPTION OF BUSINESS: _____

Number of Employees (as of December 31, 2017): _____ **Square Feet Occupied:** _____

Is the occupied space leased or owned: _____ **Monthly Rent:** _____

Seating Capacity (if applicable): _____

SECTION 1 REAL ESTATE OWNED

If You Need Additional Space Attach Addendum

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

SECTION 2 SHORT LIFE - COMPUTER EQUIPMENT ONLY

Please list all short life (PC computer equipment) separately in this section. **Manufacturers** include all equipment **NOT** used directly in the actual manufacturing process. Attach a separate sheet if necessary. *LIST ALL LEASED / RENTED EQUIPMENT IN SECTION 8.*

Calendar Year Purchased	Acquired New or Used?	Acquisition Cost	Depreciation Rate	Claimed Full Value	Assessor's Use Only
2017			5%		
2016			20%		
2015			40%		
2014			70%		
2013 & Prior			80%		
TOTALS					

SECTION 3 TANGIBLE PERSONAL PROPERTY

List by year the 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 furniture, fixtures and equipment 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. Be sure to list all computer equipment separately in Section 2.*

Calendar Year Purchased	Acquisition New or Used	Acquisition Cost	Depreciation Rate	Claimed Full Value	Assessor's Use Only
2017			5%		
2016			10%		
2015			20%		
2014			30%		
2013			40%		
2012			50%		
2011			60%		
2010 & prior			70%		
TOTALS					

SECTION 4 LONG LIFE ASSETS

List by year the total acquisition cost for 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	Acquisition New or Used	Acquisition Cost	Depreciation Rate	Claimed Full Value	Assessor's Use Only
2017			5%		
2016			10%		
2015			15%		
2014			20%		
2013			25%		
2012			30%		
2011			35%		
2010			40%		
2009			45%		
2008			50%		
2007			55%		
2006			60%		
2005			65%		
2004 & 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. Include any consigned inventories

Your Average Monthly Stock in Trade/Supplies Inventory at Cost _____

Your Average Monthly Inventory at Cost _____ Method Used _____

SECTION 7 MANUFACTURER INVENTORIES WHICH YOU CLAIM EXEMPT

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

**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, 2017, 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. **Information on disposed assets must also be reported, including a list of assets, date of disposal and how the assets were disposed (lease buyout, returned to vendor, etc).**

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 paneling, 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
2017			5%		
2016			10%		
2015			20%		
2014			30%		
2013			40%		
2012			50%		
2011			60%		
2010 & Prior			70%		
TOTALS					

SECTION 11 SIGN YOUR RETURN

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, Partnership or Individual in or ratable in said Town/City on the said thirty-first day of December, 2017 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 _____

I, _____ am responsible for the
(Name) (Title)
information contained within this form. My Daytime Phone Number is: _____

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 & Date My Commission Expires _____

AFFIDAVIT OF CLOSED / SOLD / MOVED BUSINESS: If the active status of the business has changed, please complete the following. Failure to provide complete and accurate information may result in a Tangible Tax Bill for the coming year. Attach any supporting documentation. False statements on this affidavit may be subject to legal recourse.

With regards to said business, I do certify that on _____ (DATE), the business was:
CLOSED / SOLD / MOVED (CIRCLE ONE)

If **CLOSED**: Describe what happened to Business Assets: _____

If **SOLD**: Provide date of sale and the name of the new owner: _____
Was the Equipment included in the sale? Describe the equipment that was included _____

If **MOVED**: New Address: _____
Has a Tangible Account been created in the new Jurisdiction? _____ (Y/N)

Name (print): _____ Phone No: _____

Signature: _____ Date: _____