

SECTION 1 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 7.*

Calendar Year Purchased	Acquired New or Used?	Acquisition Cost	Depreciation Rate	Claimed Full Value	Assessor's Use Only
2015			5%		
2014			20%		
2013			40%		
2012			70%		
2011 & PRIOR			80%		
TOTALS					

SECTION 2 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 7. Be sure to list all computer equipment separately in Section 1.

Calendar Year Purchased	Acquisition New or Used	Acquisition Cost	Depreciation Rate	Claimed Full Value	Assessor's Use Only
2015			5%		
2014			10%		
2013			20%		
2012			30%		
2011			40%		
2010			50%		
2009			60%		
2008 & PRIOR			70%		
TOTALS					

SECTION 3 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 1 and 2.**

Calendar Year Purchased	Acquisition New or Used	Acquisition Cost	Depreciation Rate	Claimed Full Value	Assessor's Use Only
2015			5%		
2014			10%		
2013			15%		
2012			20%		
2011			25%		
2010			30%		
2009			35%		
2008			40%		
2007			45%		
2006			50%		
2005			55%		
2004			60%		
2003			65%		
2002 & PRIOR			70%		
TOTALS					

SECTION 4 BUILDINGS & IMPROVEMENTS ON LEASED LAND

Property Address: _____ PLAT _____ LOT _____
 Property Used For: _____ CLAIMED FULL VALUE: _____
 Name of Landowner: _____ \$ _____

SECTION 5 INVENTORY / STOCK IN TRADE / SUPPLIES

INVENTORY IS NO LONGER TAXABLE IN RHODE ISLAND

SECTION 6 MANUFACTURER INVENTORIES WHICH YOU CLAIM EXEMPT

INVENTORY IS NO LONGER TAXABLE IN RHODE ISLAND

SECTION 7 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 8 TANGIBLE PROPERTY LEASED OR RENTED TO OTHERS

On December 31, 2015 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 mailing address, 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 9 LEASEHOLD IMPROVEMENTS

Fixtures/Equipment, 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
2015			5%		
2014			10%		
2013			20%		
2012			30%		
2011			40%		
2010			50%		
2009			60%		
2008 & PRIOR			70%		
TOTALS					

2016 Annual Return to N. Smithfield, RI Tax Assessor

The Law is Mandatory – A Return Must Be Filed (RI Law Section 44-5-15, as amended)
 Mail this form to: Tax Assessor, Town Hall, 575 Smithfield Rd., N. Smithfield, RI 02896

Statement of Valuation as of 12/31/2015

SECTION 10 REAL ESTATE OWNED		If You Need Additional Space Attach Addendum		
LOCATION & DESCRIPTION	Assessor's		Claimed Full Value	
	Plat	Lot	Land	Improvements

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 City on the said thirty-first day of December, 2015 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.				
	<table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Signature</td> <td style="width: 20%;">Date</td> <td style="width: 20%;">Title</td> <td style="width: 30%;">Telephone #</td> </tr> </table>	Signature	Date	Title	Telephone #
Signature	Date	Title	Telephone #		

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: _____

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, 2015 and JANUARY 31, 2016**. If a taxpayer is unable to make such declaration within the prescribed time, they may submit written notice, prior to **JANUARY 31st**, of intention to submit declaration by **MARCH 15th**. 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**.

**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.**

I, _____ My Residence Is: _____
 (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: _____ Date Business Began: _____

Number of Employees as of December 31, 2015: _____ Square Feet Occupied: _____

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

Ownership: Corporation Co-Partnership Individual Other _____

NAME(s): _____

Business Name / DBA: _____

Business Address: _____

Mailing Address: _____