

LIST OF ESTATES NOT EXEMPT FROM TAXATION

Filed pursuant to Title 36, M.R.S.A., Section 706

1) To the Assessors of the Municipality of _____

2) I am a legal resident of _____
Municipality State

List property owned by you on April 1, which is located on leased land or land not owned by you, including dwelling houses, house trailers, camps, stores, storehouses or any other structures. Identify landowner and location in each case.

LOCATION (Street & number, or other brief description)	OWNER OF LAND	TYPE OF STRUCTURE
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
d. _____	_____	_____

(If additional space is required, use and attach blank sheet.)

3) Real Estate

List briefly each separate parcel subject to taxation on April 1 of the year for which this list is filed, and located in the municipality in which this return is filed:

LOCATION (Street & number or other brief description)	AREA OF LAND (Lot dimensions in ft or acres)	BUILDINGS (As dwelling, farmstead, store, garage, etc...)
a) _____	_____	_____
b) _____	_____	_____
c) _____	_____	_____
d) _____	_____	_____

(If additional space is required, use and attach blank sheet)

Have any of the buildings listed been constructed or altered since the previous April 1?

Yes

No

If so, identify building and give brief description of construction or alteration.

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Is your land subject to any enforceable restrictions which limit the use to which it may be put?

Yes

No

If "Yes" indicate the nature of the restriction: (check appropriate block or blocks)

Zoning Ordinance

Recorded Contractual Provisions

Subdivision restrictions

Other

4) Personal Property

List items owned or in possession and subject to taxation in the municipality in which this return is filed.
If additional space is required submit an attached sheet.

- a. Machinery and equipment (industrial, mercantile, farm, etc...
- b. Furniture and fixtures - store, office, commercial
- c. Other - identify briefly

The foregoing is submitted in compliance with Title 36, M.R.S.A., Section 706, and is true and correct to the best of my belief as of April 1 of the current year.

I understand that the assessor(s) may require me to make an oath of the foregoing, and that they may require me to answer in writing all proper inquiries as to the nature, situation, and value of any property liable to be taxed in the State of Maine; and that a refusal or neglect to answer such further inquiries and subscribe the same will result in a forfeit of my right to appeal.

Date

Name of Taxpayer - Print

Signature of Taxpayer. If signed on
behalf of corporation, state capacity

Schedule to Supplement - Taxpayer's List filed under Title 36, M.R.S.A., Section 706

MACHINERY & EQUIPMENT

To the Assessors of the Municipality of _____

The following information covers all machinery and equipment owned or controlled by me and subject to taxation as of April 1 in the municipality with which this list is filed.

1) Industrial machinery and equipment:

- a. Type of industrial activity _____
- b. Location of machinery and equipment _____
- c. List below (or submit on an attached sheet), by item and by appropriate classification, giving age, condition, original cost and present value. **Please indicate whether owned or leased.**

2) Agricultural machinery and equipment:

- a. Location of machinery and equipment _____
- b. List below (or submit on an attached sheet) by item, giving make, model, year of model (or if none, age), condition, original cost and present value of all farm machinery used exclusively in production of hay and field crops, except for self propelled vehicles.

- c. List below all other agricultural machinery and equipment

Schedule to Supplement - Taxpayer's List filed under Title 36, M.R.S.A., Section 706

3) Other machinery and equipment:

a. State type of use (as contracting, cleaning and dyeing, television repairing, etc...)

b. Location of machinery and equipment

c. List below (or submit on an attached sheet) by item and by appropriate classification, giving age, condition, original cost and present value. **Indicate whether owned or leased.**

4) Comments (State here any additional facts which you believe are necessary to explain the foregoing, or which you believe should be considered in arriving at assessed value).

The foregoing is submitted in compliance with Title 36, M.R.S.A., Section 706, and is true and correct to the best of my belief as of April 1 of the current year.

Date

Name of Taxpayer - Print

Signature of Taxpayer. If signed on behalf of corporation, state capacity

Please keep one copy of this schedule in your files for future reference.

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MISCELLANEOUS PERSONAL PROPERTY

3) If any of the property listed in this schedule is owned by someone other than the person filing the schedule, please indicate such ownership clearly, giving name and address of owner.

4) Comments (State here or on an attached sheet any additional facts which you believe are necessary to explain the foregoing, or which you believe should be considered in arriving at assessed value.)

The foregoing is submitted in compliance with Title 36, M.R.S.A., Section 706, and is true and correct to the best of my belief as of April 1 of the current year.

Date

Name of Taxpayer - Print

Signature of Taxpayer. If signed on behalf of corporation, state capacity