

UNIQUE ID: _____

BUSINESS NAME: _____

OWNERS NAME: _____

MAILING ADDRESS: _____

LOCATION: _____

TOTAL NO. OF ITEMS	IMPORTANT: read instructions before completing the following section. Form must be signed on reverse (and in some cases, notarized) before it may be filed with the Municipal Assessor(s)	Owner's Valuation	Assessor's Valuation	Code No.
	NON-REGISTERED MOTOR VEHICLES & REGISTERED OUT OF STATE			9
	INDUSTRIAL/MANUFACTURING MACHINERY & EQUIPMENT NOT ELIGIBLE FOR EXEMPTION			10
	HORSES PONIES THOROUGHBREDS \$100,000 EXEMPTION UNLESS APPROVED M-28 FORM			11
	MANUFACTURING MACHINERY AND EQUIPMENT ACQUIRED AND INSTALLED (Owner's Value is TOTAL NET DEPRECIATED VALUE taken from M-65 Form, Formerly Codes 13, 15a & 15b)			13
	FURNITURE, FIXTURES AND OFFICE EQUIPMENT			16
	FARM MACHINERY \$100,000 exemption, approved M-28			17
	FARM TOOLS \$500 exemption			18
	MECHANICS TOOLS \$500 exemption			19
	ELECTRONIC DATA PROCESSING EQUIPMENT (including bundled software)			20
	TELECOMMUNICATION EQUIPMENT			21
	CABLE, CONDUITS, PIPES, POLES, TOWERS, UNDERGROUND MAINS, WIRES, etc.. OF ELECTRIC, GAS, HEATING, TAXABLE, TELEPHONE AND WATER CO's			22
	MONTHLY AVERAGE QUANTITY OF EXPENSED SUPPLIES ON HAND FOR CONSUMPTION			23
	ALL OTHER TAXABLE GOODS, CHATTELS AND EFFECTS			24
	TOTAL			
	TWENTY-FIVE PERCENT PENALTY FOR NEGLECTING TO MAKE (SWEAR TO, IN THE CASE OF AN AGENT) OR GIVE IN LIST AS PRESCRIBED BY LAW.			25
	GRAND TOTAL			
	BOARD OF ASSESSMENT APPEALS			

*THIS M-15 FORM IS DUE ON OR BEFORE **NOVEMBER 1, 2019** UNLESS YOU REQUEST AND ARE GRANTED AN EXTENSION IN WRITING BY THE ASSESSOR. PUBLIC ACT 96-224 ALLOWS AN EXTENSION OF NOT MORE THAN 45 DAYS FOR A GOOD CAUSE.

On the assessment date was the property included in this return located in the town in which the return is being filed? YES NO
If no, enter town of location on October 1 for each item of property. (Identify by Code No. and value.)

Was the property included in this return located for 3 or more of the 12 months preceding the assessment date in any other town? YES NO
If yes, enter the name of such town and the months said property was located therein. (Identify by Code No. and value)

Have you disposed of any property included in your declaration as filed for the previous assessment year? YES NO
If yes, enter the name and address of the person or company who received title and the date of transfer. (Identify by Code No. and value by year acquired as reported during the preceding assessment year.)

Code # ____ Year ____ Item _____ Code # ____ Year ____ Item _____

Code # ____ Year ____ Item _____ Code # ____ Year ____ Item _____

I request that the cost information submitted herein be kept confidential YES NO

AFFIDAVIT

I DO HEREBY declare under penalty of false statement that the foregoing list, according to the best of my knowledge, remembrance and belief, is a true statement of all my property liable to taxation. I also declare under penalty of false statement that I have not conveyed or temporarily disposed of any estate for the purpose of evading the laws related to the assessment and collection of taxes. (Section 12-49, C.G.S.)

Date Signed _____

Owner's Signature _____

(owner's name on above line if agent signs for owner; agent;initials here)

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 property list for the entity in accordance with provisions of Section 12-50, C.G.S.

(Signature of Agent)

Assessor or staff member,
Town Clerk, Justice of the
Peace Notary, or Comm. Of
Superior Court

Subscribed and sworn to before me this _____ day of _____, 20_____

Signature