Section A -- Business Data

Description of Business:			
,	Direct Questions To:	1.	
Name:		_´L	
Address:			
City/State/Zip:			OWNOF
Telephone Number:		- \Λ/π\i	TÜÇÜÜ
Fax Number:		- <i>V</i> VIIN	
		First in Connecticu	it. First for its citizens.
		For	rm P-5 (MFG)
		Assessment Date:	October 1, 2020
		Return Date:	November 2, 2020
М		Location o	f Accounting Records:
Type of Ownership: (check o	nne below)		
	Partnership LLC		
Sole Proprietor _	Other (Describe)	_	

Section B -- Taxable Property Information

#10 - Machinery & Equipment					
	Original	%	Net		
Year	Cost	Good	Value		
2020		95%			
2019		90%			
2018		80%			
2017		70%			
2016		60%			
2015		50%			
2014		40%			
Prior		30%			
Total		Total			

#13 - Ne	#13 - Newly Acquired Mfg. Machinery & Equipment					
	Original	%	Net			
Year	Cost	Good	Value			
2020		95%				
2019		90%				
2018		80%				
2017		70%				
2016		60%				
2015		50%				
2014		40%				
Prior		30%				
Total		Total				

2020 GRAND LIST MANUFACTURING MACHINERY AND EQUIPMENT EXEMPTION

As per Connecticut Public Act 11-61, taxpayers will continue to file "all" qualifying manufacturing equipment as they have in the past on the declaration. The change is that all the equipment is exempt at the local level.

All of the Data formerly reported under codes 15A and 15B should now be reported under Code 13.

#16 - Furniture & Fixtures						
	Original	%	Net			
Year	Cost	Good	Value			
2020		95%				
2019		90%				
2018		80%				
2017		70%				
2016		60%				
2015		50%				
2014		40%				
Prior		30%				
Total	· ·	Total				

#16A -C	#16A -Copiers/Fax Machines/Telephone Systems						
	Medical & Test Equipment						
Original % Net							
Year	Cost	Good	Value				
2020		95%					
2019		80%					
2018		60%					
2017		40%					
Prior		20%					
Total		Total					

Section B -- Taxable Property Information - continued

#20 - EDP Equipment Only					
	Original	%	Net		
Year	Cost	Good	Value		
2020		90%			
2019		60%			
2018		40%			
2017		20%			
Prior		10%			
Total		Total			

Please print name here

#24 - All C	#24 - All Other Goods, Chattels & Effects (Including Leasehold Improvements)							
	Original % Net							
Year	Cost	Good	Value					
2020		95%						
2019		90%						
2018		80%						
2017		70%						
2016		60%						
2015		50%						
2014		40%						
Prior		30%						
Total								

				Prior		30%	
				Total			
							<u>-</u>
			-				
#23 - Supplies & <u>Non-Mercantile</u> Inventory					Questions:		
Manufacturers & Retailers	exempt from inv	entory but not					
Manufacturers & Retailers exempt from inventory but not supplies. Use average monthly figures. Be sure to				1 Hown	nany employee	s work in your f	acility
include supplies consumed for your own use as well as			1. 110W II	acility			
any non-mercantile (not fo				in Win	ndsor:		
any non-mercanine (not lo	1 16-Sale IIIVEIIIOI	у)-		***		-	
MONTH	SUPP	OLIEC .					
October 2019	30FF	LIES					
November 2019				2 404 5	nony oguaro fo	et does your bus	oineae
				Z. HOW II	nany square le	et does your bus	Silless
December 2019				000111	ny hara in Wine	loori	
January 2020				occu	py nere in wind	lsor:	
February 2020							
March 2020							
April 2020							
May 2020							
June 2020 July 2020							
August 2020							
September 2020							
TOTAL							
MONTHLY AVERAGE							
MONTHET AVEICAGE							
Section C - General Ledg	er Information						
•	,						
	Balance	as of October	1, 2020		Balan	ce as of October	r 1, 2019
	Cost	Depr.	Net		Cost	Depr.	Net
Machinery & Equipment		•		Ī		'	
Furniture & Fixtures				†			
EDP Equipment				†			
Others				1			
TOTAL				1			
				-			
Total cost of fully deprecia	ted assets still in	use but not in	cluded with the	e above ba	llances:		
In compliance with the S	tate Freedom of	f Information C	commission I h	ereby requ	uest that the in	formation contai	ined in this
report be kept confidenti	al and exempt f	rom public dis	closure. []	NOT APP	LICABLE UNLI	ESS BOX IS CHE	CKED.
Affidavit							
LDO LIEDEDY de alone une		4-444-	_+ _U+;	ماماما الماما			
I DO HEREBY declare und							
of my knowledge, rememb			atement of all n	ny personai	property subject	t to taxation and	that I have not
misled the Assessor as to	age, quantity and	a or quality.					
Signatura				_	Date:		
Signature					Dale.		

Phone #