## Section A -- Business Data

Description of Business:

Name:
Address: $\qquad$
$\qquad$ City/State/Zip:
Telephone Number: $\qquad$ Fax Number: $\qquad$
$\square$
M

Type of Ownership: (check one below) $\qquad$ LLC Sole Proprietor Other (Describe) Location of Accounting Records:
Assessment Date: October 1, 2019 Return Date: November 1, 2019
$\qquad$

Section B -- Taxable Property Information

| \#10 Machinery \& Equipment |  |  |  |
| :---: | :---: | :---: | :---: |
| Year | Original <br> Cost | $\%$ <br> Good | Net <br> Value |
| 2019 |  | $95 \%$ |  |
| 2018 |  | $90 \%$ |  |
| 2017 |  | $80 \%$ |  |
| 2016 |  | $70 \%$ |  |
| 2015 |  | $60 \%$ |  |
| 2014 |  | $50 \%$ |  |
| 2013 |  | $40 \%$ |  |
| Prior |  | $30 \%$ |  |
| Total |  | Total |  |


| \#13 Newly Acquired Mfg. Machinery \& Equipment |  |  |  |
| :---: | :---: | :---: | :---: |
| Year | Original <br> Cost | $\%$ <br> Good | Net <br> Value |
| 2019 |  | $95 \%$ |  |
| 2018 |  | $90 \%$ |  |
| 2017 |  | $80 \%$ |  |
| 2016 |  | $70 \%$ |  |
| 2015 |  | $60 \%$ |  |
| 2014 |  | $50 \%$ |  |
| 2013 |  | $40 \%$ |  |
| Prior |  | $30 \%$ |  |
| Total |  | Total |  |

## 2019 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 |  |  |  |
| :---: | :---: | :---: | :---: |
| Year | Original <br> Cost | $\%$ <br> Good | Net <br> Value |
| 2019 |  | $95 \%$ |  |
| 2018 |  | $90 \%$ |  |
| 2017 |  | $80 \%$ |  |
| 2016 |  | $70 \%$ |  |
| 2015 |  | $60 \%$ |  |
| 2014 |  | $50 \%$ |  |
| 2013 |  | $40 \%$ |  |
| Prior |  | $30 \%$ |  |
| Total |  | Total |  |


| \#16A -Copiers/Fax Machines/Telephone Systems <br> Medical \& Test Equipment |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
| Year | Original <br> Cost | $\%$ <br> Good | Net <br> Value |  |
| 2019 |  | $95 \%$ |  |  |
| 2018 |  | $80 \%$ |  |  |
| 2017 |  | $60 \%$ |  |  |
| 2016 |  | $40 \%$ |  |  |
| Prior |  | $20 \%$ |  |  |
| Total |  | Total |  |  |

Pursuant to the Freedom of Information Commission this return is confidential and exempt from public disclosure. All information on this return may be subject to audit by the Assessor or his agent.

| \#20 - EDP Equipment Only |  |  |  |
| :---: | :---: | :---: | :---: |
| Year | Original <br> Cost | $\%$ <br> Good | Net <br> Value |
| 2019 |  | $90 \%$ |  |
| 2018 |  | $60 \%$ |  |
| 2017 |  | $40 \%$ |  |
| 2016 |  | $20 \%$ |  |
| Prior |  | $10 \%$ |  |
| Total |  | Total |  |


| \#24 - All Other Goods, Chattels \& Effects |
| :---: | :---: | :---: | :---: |
| (Including Leasehold Improvements) |


| \#23-Supplies \& Non-Mercantile Inventory |  |
| :--- | :--- |
| Manufacturers \& Retailers exempt from inventory but not |  |
| supplies. Use average monthly figures. Be sure to |  |
| include supplies consumed for your own use as well as |  |
| any non-mercantile (not for re-sale inventory). |  |
| MONTH | SUPPLIES |
| October 2018 |  |
| November 2018 |  |
| December 2018 |  |
| January 2019 |  |
| February 2019 |  |
| March 2019 |  |
| April 2019 |  |
| May 2019 |  |
| June 2019 |  |
| July 2019 |  |
| August 2019 |  |
| September 2019 |  |
| TOTAL |  |
| MONTHLY AVERAGE |  |


| Questions: |
| :--- |
| 1. How many employees work in your facility |
| in Windsor: __ How many square feet does your business |
| occupy here in Windsor: |

## Section C - General Ledger Information

Balance as of October 1, 2019
Machinery \& Equipment Furniture \& Fixtures EDP Equipment Others
TOTAL

| Cost | Depr. | Net |
| :--- | :--- | :--- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Balance as of October 1, 2018

| Cost | Depr. | Net |
| :--- | :--- | :--- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Total cost of fully depreciated assets still in use but not included with the above balances:
In compliance with the State Freedom of Information Commission I hereby request that the information contained in this report be kept confidential and exempt from public disclosure. [ ] NOT APPLICABLE UNLESS BOX IS CHECKED.

## Affidavit

I DO HEREBY declare under penalty of false statement that all sections of this declaration have been completed according to the best of my knowledge, remembrance and belief and is a true statement of all my personal property subject to taxation and that I have not misled the Assessor as to age, quantity and or quality.

## Signature

## Date:

