



City of Lewiston  
**ASSESSOR'S OFFICE**  
 27 Pine Street  
 Lewiston, Maine 04240



City of Lewiston  
**ASSESSOR'S OFFICE**  
 27 Pine Street, Lewiston, Maine 04240  
**207-513-3027**  
 sricker@lewistonmaine.gov  
 or  
 personalproperty@lewistonmaine.gov

## 2020 PERSONAL PROPERTY SCHEDULE FORM

### DUE DATE: MAY 1, 2020

<b>LEGAL BUSINESS NAME:</b> _____	<b>DBA</b> (if applicable): _____
<b>PHYSICAL LOCATION:</b> _____ <small style="text-align: center;">STREET ADDRESS</small>	<b>E-MAIL ADDRESS:</b> _____
<b>TYPE OF BUSINESS:</b> _____	<b>TAX ID:</b> # _____
<b>CONTACT NAME:</b> _____	<b>PHONE NUMBER:</b> _____

**BETE - Business Equipment Tax Exemption:** (BETE is only available to those businesses that are not considered retail). This program requires an exemption application to be filed annually with the Assessor. Only non-retail businesses may apply and only equipment purchased after April 1, 2007 may qualify. (See BETE application for non-qualifying assets. Examples: Furniture and fixtures, central air conditioners, etc.)

**BETR - Business Equipment Tax Reimbursement:** The application period is August 11 thru December 31, for taxes paid in the previous calendar year. You must fill out an application and submit to the Assessor. Once completed, mail the application to the State of Maine for reimbursement. Non-qualifying assets: Furniture and fixtures, central air conditioners.

Please provide your mailing address:

**MAILING ADDRESS:** \_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_

CITY STATE ZIP

**I HEREBY CERTIFY THAT THE INFORMATION REPORTED HEREON IS FULL, TRUE, AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. FORMS THAT HAVE NOT BEEN SIGNED MAY BE RETURNED FOR COMPLETION.**

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

# Business Equipment & Fixtures

ITEM DESCRIPTION	QTY.	DATE ACQUIRED (MM/YY)	ORIGINAL NEW COST	NEW OR USED

**Leasing Equipment:** It is the responsibility of the **LEASING COMPANY** to pay the property taxes on any property that is leased by you, unless there is a contractual agreement that states that you are responsible to pay the property tax. Please answer the following questions so that we may bill the leasing company appropriately. Please use additional sheets of paper if necessary.

- 1. LEASED ITEM:** \_\_\_\_\_

**LEASING COMPANY:** \_\_\_\_\_

**COMPANY MAILING ADDRESS:** \_\_\_\_\_

**ORIGINAL COST:** \$ \_\_\_\_\_ **MONTHLY PAYMENT:** \$ \_\_\_\_\_
- 2. LEASED ITEM:** \_\_\_\_\_

**LEASING COMPANY:** \_\_\_\_\_

**COMPANY MAILING ADDRESS:** \_\_\_\_\_

**ORIGINAL COST:** \$ \_\_\_\_\_ **MONTHLY PAYMENT:** \$ \_\_\_\_\_