



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

LEWISTON  **ME**

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ASSESSOR'S OFFICE
 27 Pine Street, Lewiston, Maine 04240

207-513-3027

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2023 PERSONAL PROPERTY SCHEDULE FORM

DUE DATE: MAY 1, 2023

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

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 1 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.

DID YOU MOVE? YES NO , **OR GO OUT OF BUSINESS?** YES NO

If you did move, is the business still located in Lewiston as of **April 1, 2023**. YES NO

State the effective date of closure and the reason. **EFFECTIVE DATE:** _____

BRIEF EXPLANATION: _____

NEW PHYSICAL LOCATION: _____
STREET ADDRESS

_____ CITY STATE ZIP

DID YOUR MAILING ADDRESS CHANGE? YES NO

If your mailing address did change, please fill in your new mailing address:

NEW MAILING ADDRESS: _____
STREET ADDRESS

_____ CITY STATE ZIP

Business Equipment & Fixtures

List each addition or deletion, or check NO CHANGES

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

DELETIONS	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:** \$ _____

HAVING CAREFULLY READ THE ABOVE, 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: _____