

Assessor's Office  
Town of Cromwell  
41 West Street  
Cromwell CT 06416

**Name:**  
**DBA:**  
**Mailing Address:**  
**City, State & Zip:**

**Account #** \_\_\_\_\_

## Personal Property Declaration: **October 1, 2016**

### IMPORTANT

Failure to file by **November 1, 2016** will result in a 25% penalty.  
Failure to sign as required will result in a 25% penalty.

All persons who, as of **October 1, 2016**, are conducting any type of business, or who are farmers, or who are owners of non-registered motor vehicle(s), or who are owners of Non-Connecticut registered motor vehicle(s), or who are owners of horse(s), must complete and file this Personal Property Declaration no later than **November 1, 2016**.

This is the **required declaration** for the Town of Cromwell, Connecticut.

This is your only notification to file by **November 1, 2016**.

Failure to file by **November 1, 2016** will result in a 25% penalty. Failure to sign as required will result in a 25% penalty.

If you have **closed, moved** (out of Cromwell) or **sold** this business, please complete the form on page 8.

#### **IMPORTANT INSTRUCTIONS FOR COMPLETING THIS DECLARATION ARE ON PAGE 2:**

1. Read all the instructions on Page 2.
2. Complete all the sections of this Declaration. ([Penalties apply if not completed as required](#))
3. Sign and have your signature, if required, notarized on Page 8 ([Penalties apply if not notarized as required](#))
4. Make a copy of your completed Declaration for your file.
5. Return the entire Declaration to our office on or before **November 1, 2016**.

**Direct questions concerning this Declaration to the Assessor's Office:** Telephone: 860-632-3442

**Office hours:** Monday through Friday, 8:30 am to 4:00 pm

**Hand-deliver or mail this Declaration to:** Assessor's Office, Town of Cromwell, 41 West Street, Cromwell, CT 06416

### IMPORTANT: IF CLOSED, MOVED OR SOLD

If you have Closed, Moved (out of Cromwell) or Sold the business noted above  
Complete Affidavit "Not in Business" on page 8

# INSTRUCTIONS

**All sections are not applicable to everyone. Read the following and complete all relevant sections of this Declaration.**

**WHO SHOULD FILE THIS FORM?** All persons who, as of **October 1, 2016**, are:

1. Anyone conducting **any** type of business;
2. Owners of horses;
3. Farmers;
4. Owners of Non-Registered motor vehicle(s);
5. Owners of Non-Connecticut registered motor vehicle(s).

**WHAT SHOULD BE DECLARED?** All personal property items used (full or part-time) in the conduct of the business (include items donated, given to you or owned prior to starting your business), horses and/or non-registered motor vehicles. See Pages 4 & 5 for examples of some of the items that must be declared.

**HOW DO I COMPLETE THIS FORM?**

**Everyone must complete the GENERAL INFORMATION Section on page 3 and then :**

1. All types of businesses, that are not sole proprietors, must complete pages 3, 4, 5, 6, and 8.
2. If your business is a sole proprietor you may be able to complete a short form filing on page 7 if you meet the requirements.
3. Owners of Non-Connecticut registered motor vehicles, or Non-Registered motor vehicles must complete code #09 on page 4.
4. Complete the Lessee's Report on page 6 if you have any leased, borrowed, consigned, stored or rented equipment, in your possession.
5. Complete the Lessor's Report on page 6 if you have leased, consigned, loaned, or rented equipment to another.
6. Complete the Detail Listing of Disposed Assets on page 5 if you disposed of any property between **October 2<sup>nd</sup>, 2015** and **October 1<sup>st</sup>, 2016**.

**IS A SIGNATURE REQUIRED?** All Declarations must be signed and/or notarized on page 8 to prevent a penalty. All signatures except sole proprietors and simple partnership signatures must be notarized. Agents, employees, officers or owners signing for a corporation, LLC, LP, LLP or PC must have the Declaration properly sworn to and notarized; or if a corporation, provide a statement bearing the corporate seal and signed by the corporate secretary setting out the office held by the signer of the Declaration and the dates such office was held. **If you are uncertain as to whether your declaration must be notarized, have it notarized.**

**WHEN DOES THIS FORM HAVE TO BE FILED?** The Declaration must be filed annually on or before **November 1, 2016**. The Declaration must either be hand-delivered, by 4:00 pm, to the Assessor's Office on or before **November 1, 2016** or have a U.S. postmark on or before **November 1, 2016**. See Penalties.

**ARE THERE PENALTIES?** Yes, the following will result in a 25% penalty:

- Declaration affidavit (page 8) is not signed and/or notarized, a 25% penalty is applied to the total assessment.
- When Declarations are filed after **November 1, 2016** and an extension has not been granted, a 25% penalty is applied to the total assessment. Mailed Declarations must have a U.S. postmark of **November 1, 2016** or before.
- When an extension is granted and the Declaration is not filed by the extension deadline, a 25% penalty is applied to the total assessment.
- When omitted property is discovered, the 25% penalty is applied to the difference in the assessed value as determined by the results of the discovery and the assessment as determined by the originally filed declaration.
- Incomplete / Insufficient Declarations – Examples: Page 3 not being completed as required or Declarations filed with "same as last year", etc. will be subject to a 25% penalty.
- A Declaration not filed shall result in a value determined by the Assessor plus a 25% penalty will be applied to the total assessment.

**NOT IN BUSINESS?** If, as of **October 1, 2016**, you closed, moved (out of Cromwell), or sold the business noted on page 8, you must complete the form on page 8 and provide documentation as to the new owner, the date the business ceased or your new address. Otherwise, the Assessor must assume that you still own taxable personal property and have only failed to declare it. **Examples of documentation:** Bill of Sale, Letter of Dissolution, letter from your bank noting the date the account was closed, shipping invoices etc.

**ANY EXEMPTIONS?** On page 6 check the box next to the exemption(s) you are claiming. Some exemptions require an additional application in order to receive that exemption. Request the form number, on page 6, from the Assessor's Office and file same. The extension to file the Declaration, if granted, does not apply to all required exemption applications. Check with the Assessor's Office. Failure to timely file for an exemption shall be considered a waiver of one's right to that exemption. Manufacturing Machinery and Equipment Exemption must complete M65 Personal Property Declaration (Please contact the Assessor's Office)

**ANY EXTENSION?** The Assessor **may** grant a filing extension for good cause. If an extension is needed, contact the Assessor in writing prior to **November 1, 2016** stating the reason for the extension. The decision to grant an extension is the sole responsibility of the Assessor. There is no appeal.

**AN AUDIT?** The Assessor is authorized to audit Declarations, within 3 years of the date of the required filing. Substantial penalties are applicable if such an audit reveals property not declared as required by law.

## AN EXAMPLE OF HOW TO COMPLETE THE TABLES ON PAGES 4 AND 5

How Should the Following Be Declared?	16. Furniture, Fixtures and Equipment			
	Acquired	Original Cost	% Good	Depreciated Value
In <b>June 2013</b> you bought a desk for \$310 and a chair for \$85. In <b>October 2014</b> you buy a display rack for \$400. A filing cabinet you bought 10 years ago for \$100 for personal use, is now being used in your business. A friend gives you a used bookcase, in <b>February 2015</b> , which you believe is worth \$50. In <b>September 2016</b> , you buy a table for \$150.	10-2-2015 to 10-1-2016	150	95%	143
	10-2-2014 to 10-1-2015	55	90%	50
	10-2-2013 to 10-1-2014	400	80%	320
	10-2-2012 to 10-1-2013	395	70%	277
	10-2-2011 to 10-1-2012		60%	
	10-2-2010 to 10-1-2011		50%	
	10-2-2009 to 10-1-2010		40%	
	10-1-2009 AND BEFORE	100	30%	30
<b>See The Table To The Right For The Answer</b>	Total	1,100	Total	820

## GENERAL INFORMATION

1. Legal Name of the Business \_\_\_\_\_  
**NOTE:** A trade name is **not** a legal name.
2. DBA(S) [i.e., trade name(s)] \_\_\_\_\_
3. Owners Name: (LLC, LLP, S Corp, list members) \_\_\_\_\_
4. Street location(s) in Cromwell [**including** street number(s)] \_\_\_\_\_
5. Mailing Address \_\_\_\_\_  
STREET NAME AND NUMBER, or PO BOX NUMBER CITY or TOWN STATE ZIP CODE
6. Public Act 11-69 grants Assessors the ability to send declarations electronically. Would you like to subscribe?  Yes  No  
If Yes, Please email your account number (see page 1) and the recipient's email address to [assessorppd@cromwellct.com](mailto:assessorppd@cromwellct.com) to subscribe. You will not receive a paper declaration in the future.

## BUSINESS DATA

- | DIRECT QUESTIONS TO:   |  | LOCATION OF ACCOUNTING RECORDS:             |
|--|--|---|
| 7. Person's Name   | _____  | _____                                       |
| 8. Company's Name  | _____  | _____                                       |
| 9. Address   | _____  | _____                                       |
| 10. City/State/Zip   | _____  | _____                                       |
| 11. Telephone / Fax  | (     ) / (     )  | (     ) / (     )                           |
| 12. Description of Business  | _____  |   |
| 13. How many employees work in Cromwell only?  | _____  | Date your business began in Cromwell? _____ |
| 14. Ownership:   | <input type="checkbox"/> Sole Owner <input type="checkbox"/> (Simple) Partnership <input type="checkbox"/> Inc* <input type="checkbox"/> PC* <input type="checkbox"/> LLC* <input type="checkbox"/> LP* <input type="checkbox"/> LLP* <input type="checkbox"/> Type "S" Corp*<br>* Declaration requires notarization on page 8 |   |
| 15. In the last 12 months was any of the property included in this declaration located in another Connecticut town for at least 3 months?<br><input type="checkbox"/> No <input type="checkbox"/> Yes If yes, then please list on page 7 by specific months, code, cost, and location(s)                     |  |   |
| 16. Are there any other businesses that are operating from <b>your office, your home, your place of business or address</b> in Cromwell?<br><input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please list the name(s) and mailing address(es) below, if more space is needed, list on page 8: |  |   |
| 17. If you answered "Yes" to Question 16, is the personal property of the business(es) you listed above included in this declaration?<br><input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain below:   |  |   |

**QUESTIONS: CALL THE ASSESSOR'S OFFICE AT 860-632-3442**

**FAILURE TO FILE BY **NOVEMBER 1, 2016** WILL RESULT IN A 25% PENALTY**

### TAXABLE PROPERTY INFORMATION

Your cost information is **confidential and not open to public inspection.**

The original cost should include any additional charges for transportation and installation and be the value as new equipment.

The original acquisition cost less the standard depreciation (as shown on Page 4 and Page 5) will determine the depreciated cost.

The total depreciated cost times 70% will determine the gross assessment for that particular category of personal property.

Include all assets that may have been fully depreciated, written off, or charged to expensed but are still owned.

**Code Descriptions and examples for each code are listed on page 7**

If more space is needed, then attach additional pages to this Form.

09	MOTOR VEHICLES NOT REGISTERED IN CT	Use*	Year	Make	Model	VIN / ID Number	Registration #	Purchase Cost	

10	MACHINERY EQUIP. NOT EXEMPT	Acquired From	Taxpayer Declared in 2015	Declared in 2016 Original Cost	Percent Good	Depreciated Value
		10-02-2015 to 10-01-2016			95%	
		10-02-2014 to 10-01-2015			90%	
		10-02-2013 to 10-01-2014			80%	
		10-02-2012 to 10-01-2013			70%	
		10-02-2011 to 10-01-2012			60%	
		10-02-2010 to 10-01-2011			50%	
		10-02-2009 to 10-01-2010			40%	
		10-01-2009 and Before			30%	
Total			Total			

16	FURNITURE, FIXTURES & EQUIPMENT	Acquired From	Taxpayer Declared in 2015	Declared in 2016 Original Cost	Percent Good	Depreciated Value
		10-02-2015 to 10-01-2016			95%	
		10-02-2014 to 10-01-2015			90%	
		10-02-2013 to 10-01-2014			80%	
		10-02-2012 to 10-01-2013			70%	
		10-02-2011 to 10-01-2012			60%	
		10-02-2010 to 10-01-2011			50%	
		10-02-2009 to 10-01-2010			40%	
		10-01-2009 and Before			30%	
Total			Total			

17	FARM MACHINERY FARMERS ONLY	Acquired From	Taxpayer Declared in 2015	Declared in 2016 Original Cost	Percent Good	Depreciated Value
		10-02-2015 to 10-01-2016			95%	
		10-02-2014 to 10-01-2015			90%	
		10-02-2013 to 10-01-2014			80%	
		10-02-2012 to 10-01-2013			70%	
		10-02-2011 to 10-01-2012			60%	
		10-02-2010 to 10-01-2011			50%	
		10-02-2009 to 10-01-2010			40%	
		10-01-2009 and Before			30%	
Total			Total			

18	FARM TOOLS FARMERS ONLY	Acquired From	Taxpayer Declared in 2015	Declared in 2016 Original Cost	Percent Good	Depreciated Value
		10-02-2015 to 10-01-2016			95%	
		10-02-2014 to 10-01-2015			90%	
		10-02-2013 to 10-01-2014			80%	
		10-02-2012 to 10-01-2013			70%	
		10-02-2011 to 10-01-2012			60%	
		10-02-2010 to 10-01-2011			50%	
		10-02-2009 to 10-01-2010			40%	
		10-01-2009 and Before			30%	
Total			Total			

19	MECHANICS TOOLS AUTOMECHANICS ONLY	Acquired From	Taxpayer Declared in 2015	Declared in 2016 Original Cost	Percent Good	Depreciated Value
		10-02-2015 to 10-01-2016			95%	
		10-02-2014 to 10-01-2015			90%	
		10-02-2013 to 10-01-2014			80%	
		10-02-2012 to 10-01-2013			70%	
		10-02-2011 to 10-01-2012			60%	
		10-02-2010 to 10-01-2011			50%	
		10-02-2009 to 10-01-2010			40%	
		10-01-2009 and Before			30%	
Total			Total			

Acquired From	Taxpayer Declared in 2015	Declared in 2016 Original Cost	Percent Good	Depreciated Value	COMPUTERS ONLY	20
10-02-2015 to 10-01-2016			95%			
10-02-2014 to 10-01-2015			80%			
10-02-2013 to 10-01-2014			60%			
10-02-2012 to 10-01-2013			40%			
10-01-2012 and Before			20%			
Total			Total			

Please check this box <input type="checkbox"/> and Use Code 18 and 19 as code 21a and 21b (% Good will be adjusted)	<b>TELECOMMUNICATION COMPANIES ONLY</b>	<b>21</b>
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Acquired From	Taxpayer Declared in 2015	Declared in 2016 Original Cost	Percent Good	Depreciated Value	CABLES & CONDUITS	22
10-02-2015 to 10-01-2016			95%			
10-02-2014 to 10-01-2015			90%			
10-02-2013 to 10-01-2014			80%			
10-02-2012 to 10-01-2013			70%			
10-02-2011 to 10-01-2012			60%			
10-02-2010 to 10-01-2011			50%			
10-02-2009 to 10-01-2010			40%			
10-01-2009 and Before			30%			
Total			Total			

Acquired From	a. Total Expended	b. # of Months	c. Average Monthly	<b>EXPENSED SUPPLIES</b>	23
10-02-2015 to 10-01-2016				The average monthly quantity of supplies normally consumed in the course of business (a ÷ b = c). Examples: stationery, post-it notes, typewriter ribbons, computer disks, computer paper, pens, etc). Any supply incorporated into a "for sale" item shall be considered inventory and as such exempt 12-81 (54).	

Acquired From	Taxpayer Declared in 2015	Declared in 2016 Original Cost	Percent Good	Depreciated Value	ALL OTHER TAXABLE PERSONAL PROPERTY	24
10-02-2015 to 10-01-2016			95%			
10-02-2014 to 10-01-2015			90%			
10-02-2013 to 10-01-2014			80%			
10-02-2012 to 10-01-2013			70%			
10-02-2011 to 10-01-2012			60%			
10-02-2010 to 10-01-2011			50%			
10-02-2009 to 10-01-2010			40%			
10-01-2009 and Before			30%			
Total			Total			

### RECONCILIATION OF FIXED ASSETS \*

- Assets declared last **October 1, 2015** \_\_\_\_\_
  - Assets disposed of since last **October 1, 2015** \*\* \_\_\_\_\_  
\*\* COMPLETE THE DETAIL LISTING OF DISPOSED ASSETS BELOW
  - Assets added since last **October 1, 2015** \_\_\_\_\_
  - Assets declared this year **October 1, 2016\*** \_\_\_\_\_
- Amount of equipment expensed last year \_\_\_\_\_
- Capitalization Threshold \_\_\_\_\_  
DOLLAR AMOUNT AT WHICH AN EXPENDITURE IS POSTED AS AN ASSET INSTEAD OF AN EXPENSE.

### DETAIL LISTING OF DISPOSED ASSETS

If you disposed of, sold or transferred a portion of the property included in last year's filing, then complete the following.  
COPY AND ATTACH ADDITIONAL SHEETS IF NEEDED.

Date Removed	Description of the Item	Date Acquired	Original Cost

## LESSOR'S / LESSEE'S REPORT

**Lessor: One who leases property to another but for purposes of this report, also include all items leased, rented, consigned or loaned to another.**

**Lessee: One who leases from another person or company but for purposes of this report, also include all items leased, borrowed, consigned, loaned, rented, stored or any item(s) in your possession not owned by you.**

**IN ORDER TO AVOID A DUPLICATION OF ASSESSMENTS RELATED TO LEASE PROPERTY, THE FOLLOWING MUST BE COMPLETED.**

### COPY AND ATTACH ADDITIONAL SHEETS IF NEEDED

Computerized filings are acceptable only if all the requested information is reported in this format.

	Lessee <input type="checkbox"/>	Lessor <input type="checkbox"/>	Lessee <input type="checkbox"/>	Lessor <input type="checkbox"/>	Lessee <input type="checkbox"/>	Lessor <input type="checkbox"/>
Name						
Address						
Physical location of equipment						
Full equipment description						
Acquisition date						
Current commercial list price new						
Has this lease ever been purchased, assumed or assigned? If Yes, specify Whom?	Yes <input type="checkbox"/> No <input type="checkbox"/>					
Date of such purchase, etc.						
If original asset cost was changed by this transaction, give details.						
Type of lease	<input type="checkbox"/> Operating <input type="checkbox"/> Capital <input type="checkbox"/> Conditional Sale	<input type="checkbox"/> Operating <input type="checkbox"/> Capital <input type="checkbox"/> Conditional Sale	<input type="checkbox"/> Operating <input type="checkbox"/> Capital <input type="checkbox"/> Conditional Sale	<input type="checkbox"/> Operating <input type="checkbox"/> Capital <input type="checkbox"/> Conditional Sale	<input type="checkbox"/> Operating <input type="checkbox"/> Capital <input type="checkbox"/> Conditional Sale	<input type="checkbox"/> Operating <input type="checkbox"/> Capital <input type="checkbox"/> Conditional Sale
Lease Term: Begin and end dates						
Monthly contract rent						
Is the cost of <u>any</u> of this equipment declared on page 4 or 5?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Table #    Year Included	Yes <input type="checkbox"/> No <input type="checkbox"/>	Table #    Year Included	Yes <input type="checkbox"/> No <input type="checkbox"/>	Table #    Year Included

### CHECK THE BOX NEXT TO ANY EXEMPTION YOU ARE CLAIMING

Failure to timely file for an exemption shall be considered a waiver of one's right to that exemption.

THE ASSESSMENT EXEMPTIONS BELOW DO NOT REQUIRE A SEPARATE APPLICATION	Exemption	
<input type="checkbox"/> Mechanic's Tools (For automotive mechanics only); Code #19 on page 4; Up to \$500	JAA	
<input type="checkbox"/> Horses/Ponies Locally Exempted	IGA	
<input type="checkbox"/> Farming Tools (For farmers only); Code #18 on page 4; Up to \$500	IFA	
ALL OF THE ASSESSMENT EXEMPTIONS BELOW REQUIRE A SEPARATE APPLICATION AND/OR CERTIFICATE TO BE FILED WITH THE ASSESSOR BY <b>NOVEMBER 1, 2016.</b>	Exemption	
<input type="checkbox"/> Water/Air Pollution Control Equipment Application and a copy of the CT DEP Certificate 117 and/or 124	H	
<input type="checkbox"/> Personal Property for Tax Exempt Organizations; Tax Exempt Application	K	
<input type="checkbox"/> Manufacturing Machinery/Equipment; M-65 Application (Request form from the Assessor's Office)	U	
THE ASSESSMENT EXEMPTION BELOW REQUIRES A SEPARATE NOTARIZED APPLICATION TO BE FILED WITH THE ASSESSOR BY <b>OCTOBER 31, 2016.</b>	Exemption	
<input type="checkbox"/> Farm Machinery; Code # 17 on page 4; please complete M-28 Application; Up to \$100,000	IEA	

## MANUFACTURING MACHINERY AND EQUIPMENT EXEMPTION CLAIM

This form must be **filed on or before November 1**, annually, with the Assessor by any person seeking the exemption provided under C.G.S. §12-81(72) and (76), as amended, for manufacturing and biotechnology machinery and equipment acquired and installed in a manufacturing or biotechnology facility. **Annual application for this property tax exemption is required.**

**Machinery and equipment eligible for exemption under CGS §12-81(72) or 12-81(76):** Manufacturing machinery and equipment acquired and installed, that is predominantly used for manufacturing or biotechnology, or used in connection with recycling (as defined in CGS §22a-260) and the owner or lessee of such machinery and equipment must claim it on a federal income tax return as five-year property or seven-year property. ***(All property previously defined as Code 13, Code 15a and Code 15b are now combined and is claimed below and reported on the annual Personal Property Declaration.)***

**Complete this form in its entirety, including the itemized listing of manufacturing machinery and equipment by year of acquisition. Itemized listing sheet can be downloaded at [www.cromwellct.com](http://www.cromwellct.com).**

<b>NAME OF BUSINESS</b>				
<b>BUSINESS ADDRESS</b>	STREET NAME AND NUMBER	TOWN/CITY NAME	STATE	ZIP CODE
<b>PROPERTY LOCATION</b>	STREET NAME AND NUMBER	TOWN/CITY NAME	STATE	ZIP CODE
<b>CONNECTICUT STATE TAX ID #</b>			<b>FEDERAL TAXPAYER ID #</b>	
<b>CONTACT PERSON</b>	NAME	TITLE	TELEPHONE #	FAX # E-MAIL ADDRESS
Is the machinery and equipment listed here depreciated on your books for IRS purposes? If NO, then identify who is depreciating this machinery and equipment? <input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>LESSOR'S NAME</b>				
<b>LESSOR'S BUSINESS ADDRESS</b>	STREET NAME AND NUMBER	TOWN/CITY NAME	STATE	ZIP CODE

**Check which description best applies and complete the detail description below:**

<b>1</b> <input type="checkbox"/> manufacturing, processing or fabricating	<b>2</b> <input type="checkbox"/> measuring or testing	<b>3</b> <input type="checkbox"/> metal finishing
<b>4</b> <input type="checkbox"/> the significant overhauling or rebuilding of other products on a factory basis	<b>5</b> <input type="checkbox"/> used in the production of motion pictures, video and sound recordings	<b>6</b> <input type="checkbox"/> used in connection with biotechnology
<b>7</b> <input type="checkbox"/> research and development, including experimental or laboratory research and development, design or engineering directly related to manufacturing	<b>8</b> <input type="checkbox"/> the significant servicing, overhauling or rebuilding of machinery and equipment for industrial use	<b>9</b> <input type="checkbox"/> used in connection with recycling, as defined in C.G.S. §22a-260, if acquired and installed <b>on or after July 1, 2011</b>

Describe the business activity (in specific terms), which conforms to the above definition of manufacturing. Indicate the product manufactured:

<b>#13 – Manufacturing machinery &amp; equipment</b> Eligible for exemption					
Year Ending	Taxpayer Declared in 2015	Original Cost Transportation & Installation	% Value	Net Depreciated Value	Assessor's Approved Cost
10-2-2015 to 10-1-2016			95%		
10-2-2014 to 10-1-2015			90%		
10-2-2013 to 10-1-2014			80%		
10-2-2012 to 10-1-2013			70%		
10-2-2011 to 10-1-2012			60%		
10-2-2010 to 10-1-2011			50%		
10-2-2009 to 10-1-2010			40%		
10-1-2009 and Before			30%		
			<b>Total</b>		

I hereby certify that I'm eligible for the property tax exemption provided under C.G.S. §12-81(72) & (76). I further certify that all machinery and equipment listed herein was acquired and installed in the above named manufacturing or biotechnology facility and continues to be located there and is predominantly used for a manufacturing or biotechnology purpose. I agree to maintain and make available upon request to the Assessor supporting documentation, including, but not limited to, invoices, bills of sale, & bills of lading pertaining to the machinery and equipment for which I am claiming exempt status. I do hereby declare under penalty of false statement that the information contained herein is true and complete to the best of my knowledge, remembrance and belief, and that I'm authorized to make application for this property tax exemption. I request that the cost information submitted herein be kept confidential.

<b>Signature</b>	<b>Print Name</b>	<b>Date signed</b>
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**Failure to file this form in the manner and form, and within the time limit prescribed, shall constitute a waiver of the right to such exemption for the assessment year, unless an extension of time is allowed under the provisions of C.G.S. §12-81k and upon payment of the late filing fee.**

# THIS AFFIDAVIT MUST BE SIGNED & NOTARIZED

Read the instructions on page 2, Signature

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 relating to the assessment and collection of taxes (§ 12-49 C.G.S.).

I DO HEREBY declare under oath that I have been duly appointed as agent for the owner of the personal property listed in this Declaration and that I have full authority and sufficient knowledge to file a proper declaration for him in accordance with the provisions of § 12-50 C.G.S.

\*\*\*\*\* IMPORTANT \*\*\*\*\*

**ALL SIGNATURES (EXCEPT SOLE PROPRIETOR'S OR SIMPLE PARTNER'S) MUST BE NOTARIZED  
IF NOT NOTARIZED, A 25% PENALTY WILL BE APPLIED (SEE PAGE 2, SIGNATURE)**

\*\*\*\*\* IMPORTANT \*\*\*\*\*

Signature	Print Name	Dated
Subscribed and sworn to before me: _____		
Notary Public , Commissioner of the Court		Dated

**Notes:**

## COMPLETE THIS SECTION ONLY IF BUSINESS IS NO LONGER IN TOWN OF CROMWELL

### Affidavit of Business Closed or Moved (Out of Cromwell) or Sold

If as of **October 1, 2016** you have closed, moved (out of Cromwell) or sold the business noted on page 1, then you must complete, sign and return this affidavit with supporting documentation to the Assessor's Office no later than **November 1, 2016**. See Page 2 for information.

I \_\_\_\_\_ of \_\_\_\_\_ at \_\_\_\_\_  
Business owners name Doing Business As (if applicable) Street location of business name shown

I do so certify that on \_\_\_\_\_ said business was: \_\_\_\_\_ (Please check one):  
Month / Day / Year

SOLD TO: \_\_\_\_\_  
Print Name Print Address (including street number, town or city, state and zip code)

TERMINATED IF CLOSED, MOVED (OUT OF CROMWELL) OR SOLD, PLEASE ATTACH PROOF: SEE PAGE 2

MOVED TO: \_\_\_\_\_  
Street Name and Number Town or City State Zip Code

The maker of a false affidavit/statement shall be subject to such fines, penalties and/or imprisonment as provided by law.

Signature	Print Name	Date Signed
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