

Annual Return to Hopkinton, R.I. Tax Assessor

**The Law is Mandatory – A Return Must Be Filed (RI Law Section 44-5-15, as amended)
And Mail To: Tax Assessor, 1 Town House Road, Hopkinton, Rhode Island 02833**

Statement of Valuation as of 12/31/2009



This Name and Mailing Address will be used for tax bill. Please change if incorrect.

For your convenience, we have supplied you with this form for the declaration of taxable property located in Rhode Island. According to The General Laws Of Rhode Island, taxable property must be declared to the Assessor between **DECEMBER 31, 2009 and JANUARY 31, 2010**. If a taxpayer is unable to make such declaration within the prescribed time, they may submit written notice, prior to **JANUARY 31**, of intention to submit declaration by **MARCH 15**. Failure to file a true and full account, within the prescribed time, eliminates the right to appeal. No amended returns will be accepted after **MARCH 15th**.

Thank you for your cooperation. If we can be of assistance in preparing your report, feel free to come to our office at Town Hall, 1 Town House Road, Hopkinton or call (401) 377-7780.

**STATE LAW REQUIRES THE FILING OF THIS DECLARATION.
FAILURE TO DO SO MAY RESULT IN AN INCREASED ASSESSMENT.
THIS FORM IS NOT SUBJECT TO PUBLIC INSPECTION.**

I, _____ My Residence Is: _____
(Name) _____

(Title) am responsible for the
information contained within this form. My Daytime Phone Number Is: _____

Give a Full, General Description of Your Business Operation: NAICS # _____

Mfg. Wholesale Retail Other: _____

Number of Employees as of December 31, 2009 _____ Square Feet Occupied _____

Do you own or lease the space occupied? _____ Monthly Rent: _____

Ownership: Corporation Co-Partnership Individual

NAME(s): _____
Business Name / DBA: _____
Business Address: _____
Mailing Address: _____

SECTION 1 REAL ESTATE OWNED

If You Need Additional Space Attach Addendum

LOCATION & DESCRIPTION	Assessor's		Claimed Full Value	
	Plat (s)	Lot (s)	Land	Improvements

SECTION 2 SHORT LIFE - COMPUTER EQUIPMENT ONLY

Please list all short life (PC computer equipment) separately in this section. Please see the enclosed insert for a list of equipment that would qualify for this section. **Manufacturers** include all equipment **NOT** used directly in the actual manufacturing process. Attach a separate sheet if necessary. *LIST ALL LEASED / RENTED EQUIPMENT IN SECTION 8.*

Calendar Year Purchased	Acquired New or Used?	Acquisition Cost	Depreciation Rate	Claimed Full Value	Assessor's Use Only
2009			5%		
2008			20%		
2007			40%		
2006			70%		
2005 & Prior			80%		
TOTALS					

SECTION 3 TANGIBLE PERSONAL PROPERTY

List by year the total acquisition cost for all furniture, fixtures, equipment, signs and **unregistered vehicles** owned by you that are used in conducting the operations of any retail, wholesale, service, contracting, professional Or other type of business that have an economic life between 6 and 12 years.

Manufacturers should only report furniture, fixtures and equipment that are NOT used directly in the actual manufacturing process.

IMPORTANT ~ Be sure to declare all acquisitions still in use, even though fully depreciated on your books. *List all leased / rented equipment in Section 8. Be sure to list all computer equipment separately in Section 2.*

Calendar Year Purchased	Acquisition New or Used	Acquisition Cost	Depreciation Rate	Claimed Full Value	Assessor's Use Only
2009			5%		
2008			10%		
2007			20%		
2006			30%		
2005			40%		
2004			50%		
2003			60%		
2002 & prior			70%		
TOTALS					

SECTION 4 LONG LIFE ASSETS

List by year the total acquisition cost for assets that have an economic life of 13 years or more. Manufacturers should only report assets that are NOT used directly in the actual manufacturing process. **IMPORTANT** ~ Be sure to declare all acquisitions still in use, even though fully depreciated on your books. *LIST ALL LEASED / RENTED EQUIPMENT IN SECTION 8. DO NOT duplicate assets reported in Sections 2 and 3.*

Calendar Year Purchased	Acquisition New or Used	Acquisition Cost	Depreciation Rate	Claimed Full Value	Assessor's Use Only
2009			5%		
2008			10%		
2007			15%		
2006			20%		
2005			25%		
2004			30%		
2003			35%		
2002			40%		
2001			45%		
2000			50%		
1999			55%		
1998			60%		
1997			65%		
1996 & Prior			70%		
TOTALS					

SECTION 5 BUILDINGS & IMPROVEMENTS ON LEASED LAND

Property Address: _____ PLAT _____ LOT _____
Property Used For: _____ CLAIMED FULL VALUE: _____
Name of Landowner: _____ \$ _____
Is Lease Recorded? YES _____ NO _____ Dates of Lease From: _____ to _____

SECTION 6 INVENTORY / STOCK IN TRADE / SUPPLIES

This Section to be used by ALL BUSINESSES, INCLUDING MANUFACTURERS
Also include any **consigned** inventories.

Your Average Monthly Stock In Trade / Supplies Inventory at Cost _____ (FIFO Method)

Your Average Monthly Retail / Wholesale Inventory at Cost _____ (FIFO Method)

Below, list the value of your Retail / Wholesale Inventory by MONTH.

January: _____ February: _____ March: _____ April: _____

May: _____ June: _____ July: _____ August: _____

September: _____ October: _____ November: _____ December: _____

Planned floor goods must be included.

SECTION 7 MANUFACTURER INVENTORIES WHICH YOU CLAIM EXEMPT

(RI LAW 44-5-38, as amended)

Type of Inventory	City and State of Manufacture	Claimed Full Value 100%
Raw Materials		
Goods In Progress		
Finished Goods		
	TOTAL	\$

SECTION 8 LEASED / RENTED / CONSIGNED TANGIBLE PERSONAL PROPERTY

This Section to be Used by All Businesses INCLUDING MANUFACTURERS

Owner / Address	Item Description	Cost New	Lease Term	Monthly Rent	Lease #

SECTION 9 TANGIBLE PROPERTY LEASED OR RENTED TO OTHERS

On December 31, 2009, if you owned any items of tangible personal property (except registered motor vehicles), which you leased or rented to others, **attach a separate schedule to this form and report all of the following information for each item:**

Lessee's name and location of property, description of property, your acquisition cost, date of acquisition or installation, date of manufacture, monthly rental or lease income, and dates of lease.

SECTION 10 LEASEHOLD IMPROVEMENTS

Fixtures, etc. owned by you and attached to or used in real estate owned by others and not reported elsewhere. Leasehold improvements include, but are not limited to, wall paneling, carpeting, tile on wall and floors, ceilings, electrical and plumbing fixtures, partitions, building additions and the like.

Calendar Year Purchased	Description of Improvement	Improvement Cost	Depreciation Rate	Claimed Full Value	Assessor's Use Only
2009			5%		
2008			10%		
2007			20%		
2006			30%		
2005			40%		
2004			50%		
2003			60%		
2002 & Prior			70%		
TOTALS					

SECTION 11 SIGN YOUR RETURN AND NOTARIZE

I do hereby certify and declare that, to the best of my knowledge and belief, the foregoing is a true and complete list of all real estate and personal property owned by said Corporation, Co-Partnership or Individual in or ratable in said Town/City on the said thirty-first day of December, 2009 at 12 o'clock midnight, Eastern Standard time; that the value placed against each item thereof is the full and fair-cash value thereof at said time.

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		
	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; text-align: center;">Signature</td> <td style="width: 33%; text-align: center;">Date</td> <td style="width: 33%; text-align: center;">Title</td> </tr> </table>	Signature	Date
Signature	Date	Title	

On _____, _____ personally appeared before me and made oath that the foregoing account, by him/her signed and exhibited, contains to the best of his/her knowledge and belief, a true and full account and valuation of all the ratable estate owned or possessed by said corporation, co-partnership, or individual.

Signature of Notary Public and Date

My Commission Expires: _____