Di	rect Questions To:	
Name:		<u>т</u> т х л́
Address:		
City/State/Zip: Telephone Number:		
Fax Number:		First in C
		Assessr
		Return I
г		Location



Assessment Date: October 1, 2015 Return Date: November 2, 2015

Location of Accounting Records:

 Type of Ownership: (Check one below:)

 _____Corporation
 Partnership

 _____Sole Proprietor
 Other (Describe)

Section B -- Taxable Property Information

#10 - Machinery & Equipment				
	Original	%	Net	
Year	Cost	Good	Value	
2015		95%		
2014		90%		
2013		80%		
2012		70%		
2011		60%		
2010		50%		
2009		40%		
Prior		30%		
Total				

#16A - 1	#16A - Test Equipment & Copiers			
	Fax Machines & Telephone Systems			
	Original	%	Net	
Year	Cost	Good	Value	
2015		95%		
2014		80%		
2013		60%		
2012		40%		
Prior		20%		
Total				

	#21 - Telecommunication Equipment (Service Providers Only)			
Excludin	ig cables, conduits, ai	ntennae, t	towers, batteries,	
generato	rs or any other equipr	nent not c	leemed	
technolo	gically advanced by th	e Assess	or	
	Original	%	Net	
Year	Cost	Good	Value	
2015		95%		
2014		80%		
2013		60%		
2012		40%		
Prior		20%		
Total				

#16 - Furniture, Fixtures & Equipment			
	Original	%	Net
Year	Cost	Good	Value
2015		95%	
2014		90%	

2013	9270	
2014	90%	
2013	80%	
2012	70%	
2011	60%	
2010	50%	
2009	40%	
Prior	30%	
Total		

#20 - EDP Equipment ONLY			
	Original	%	Net
Year	Cost	Good	Value
2015		90%	
2014		60%	
2013		40%	
2012		20%	
Prior		10%	
Total			

#22 - Utility Equipment: Cables, Conduits,
Poles, Towers, Mains & Wires

	Poles, Towers, Mains & Wires			
	Original	%	Net Book	
Year	Cost		Value	
2015				
2014				
2013				
2012				
2011				
2010				
2009				
Prior				
Total				

DPUC Regulated Utilities Check Here

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.

Section B -- Taxable Property Information - continued

#24 - All Other Goods, Chattels & Effects (Including Leasehold Improvements)			
	Original	%	Net
Year	Cost	Good	Value
2015		95%	
2014		90%	
2013		80%	
2012		70%	
2011		60%	
2010		50%	
2009		40%	
Prior		30%	
Total			

	Original	%	Net
Year	Cost	Good	Value
2015		95%	
2014		80%	
2013		60%	
2012		40%	
Prior		20%	
Total			

#24A - Rental Video Tapes

#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 resale) inventory.

MONTH	SUPPLIES	INVENTORY
October 2014		
November 2014		
December 2014		
January 2015		
February 2015		
March 2015		
April 2015		
May 2015		
June 2015		
July 2015		
August 2015		
September 2015		
TOTAL		
MONTHLY AVERAGE		

Questions:

1. How many employees work in your facilities in Windsor? _____

2. How many square feet does your firm occupy in Windsor? _____

Section C - General Ledger Information

	Balance as of October 1, 2015				Balance as of October 1, 2014		
	Cost	Depr.	Net		Cost	Depr.	Net
Machinery & Equipment							
urniture & Fixtures							
DP Equipment							
others							
OTAL				1			

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:

Please print name here

Phone #