

Annual Return to Providence, 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, City Hall Room 208, Providence, RI 02903**

401-680-5229

Statement of Valuation as of 12/31/2019



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, 2019 and JANUARY 31, 2020**. If a taxpayer is unable to make such a 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 City Hall.

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 _____ (Name) _____ (Title) am responsible for the information contained within this form	My Residence Address is: _____ _____ My Daytime Phone No. is _____
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Give a Full, General Description of Your Business Operation: NAICS# _____

Mfg.
 Wholesale
 Retail
 Other:

Number of employees as of December 31, 2019 _____
 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 AND 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. **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
2019			5%		
2018			20%		
2017			40%		
2016			70%		
2015 and Prior			80%		

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 of up to 12 years. **(see back page to list disposed items).**

Manufacturers should only report all 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	Acquired New or Used?	Acquisition Cost	Depreciation Rate	Claimed Full Value	Assessor's Use Only
2019			5%		
2018			10%		
2017			20%		
2016			30%		
2015			40%		
2014			50%		
2013			60%		
2012 & Prior			70%		

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	Acquired New or Used?	Acquisition Cost	Depreciation Rate	Claimed Full Value	Assessor's Use Only
2019			5%		
2018			10%		
2017			15%		
2016			20%		
2015			25%		
2014			30%		
2013			35%		
2012			40%		
2011			45%		
2010			50%		
2009			55%		
2008			60%		
2007			65%		
2006 & 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 WHICH YOU CLAIM EXEMPT (RI LAW 44-3-29.1)

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.

Jan _____ Feb _____ Mar _____ Apr _____

May _____ June _____ July _____ Aug _____

Sept _____ Oct _____ Nov _____ Dec _____

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, 2019, 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 inclusive of disposals:**

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, dates of lease, and date and method of disposal (returned-lease purchase.)

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
2019			5%		
2018			10%		
2017			20%		
2016			30%		
2015			40%		
2014			50%		
2013			60%		
2012 and 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, 2019 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.


 _____  _____
 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: _____

Please attach a list disposed items with this signed form. Include date of disposal and method of disposal and sign below to acknowledge the attachment.

 _____
 Signature Date

IF YOU HAVE GONE OUT OF BUSINESS DURING THE 2019 CALENDAR YEAR, PLEASE FILL OUT THE SECTION BELOW.

Date of Business Closure: _____

Were the assets sold (circle): Y / N

Buyer Name: _____

Buyer Address: _____