

2023 Annual Return to North Smithfield, RI Tax Assessor

SECTION 10 REAL ESTATE OWNED

If You Need Additional Space Attach Addendum

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

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, Partnership or Individual in or ratable in said Town/City on the said thirty-first day of December, 2022 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 _____ Telephone # _____

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: _____

AFFIDAVIT OF CLOSED /SOLD/MOVED BUSINESS: If the active status of the business has changed, please complete the following. Failure to provide complete and accurate information may result in a Tangible Tax Bill for the coming year. Attach any supporting documentation. False statements on this affidavit may be subject to legal recourse.

With regards to said business, I do certify that on _____, the business was: **CLOSED / SOLD/ MOVED** (circle one)

If **CLOSED**: Describe what happened to the Business Assets: _____

If **SOLD**: Provide date of sale and the name of the new owner: _____

Was the equipment included in the sale? _____

If **MOVED**: New Address: _____

Signature: _____

Date: _____

State law requires annual filling of this declaration. Failure to do so may result in an increased assessment.
This Form is not subject to public inspection. Mail Completed Form to: Tax Assessor Office, 83 Green Street, North Smithfield, RI 02896

Statement of Valuation as of 12/31/2022

This Name and Mailing Address will be used for the Tax Bill. Please indicate changes 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 Rhode Island General Laws, Chapter 44-5-15 as amended taxable property must be declared to the Assessor between **JANUARY 1, 2023, and JANUARY 31, 2023**. If a taxpayer is unable to make such declaration within the prescribed time, they may submit written notice, prior to **JANUARY 31st**, of intention to submit declaration by **MARCH 15, 2023**. 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 15, 2023.**

Thank you for your cooperation. If we may be of assistance in preparing the return, please contact the Tax Assessor's Office at (401) 767-2200

BUSINESS INFORMATION

Date Business Began: _____ NAICS#: _____

Business Name / DBA: _____

Business Owner Name(s): _____

Business Location : _____

Mailing Address(IF DIFFERENT FROM LABEL): _____

Ownership: Corporation Sole Proprietor Partnership LLC

IS THE ORGANIZATION REGISTERED WITH THE STATE OF RHODE ISLAND ? _____

BUSINESS TYPE: Mfg./Indust Office Retail Medical Food Service Service Other

General Description of Business: _____

Number of Employees(as of December 31, 2022): _____

Do you own or lease the space occupied? _____

Square Feet Occupied: _____

Monthly Rent: _____

SECTION 1 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 7.*

Calendar Year Purchased	Acquired New or Used?	Acquisition Cost	Depreciation Rate	Claimed Full Value	Assessor's Use Only
2022			5%		
2021			10%		
2020			15%		
2019			20%		
2018 & PRIOR			25%		
TOTALS	SHADeD	SHADeD	SHADeD		

SECTION 2 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 7. Be sure to list all computer equipment separately in Section 1.*

Calendar Year Purchased	Acquisition New or Used	Acquisition Cost	Depreciation Rate	Claimed Full Value	Assessor's Use Only
2022			5%		
2021			10%		
2020			15%		
2019			20%		
2018			25%		
2017			30%		
2016			35%		
2015 & PRIOR			40%		
TOTALS	SHADeD	SHADeD	SHADeD		

SECTION 3 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 1 and 2.*

Calendar Year Purchased	Acquisition New or Used	Acquisition Cost	Depreciation Rate	Claimed Full Value	Assessor's Use Only
2022			5%		
2021			10%		
2020			15%		
2019			20%		
2018			25%		
2017			30%		
2016			35%		
2015			40%		
2014			45%		
2013			50%		
2012			55%		
2011			60%		
2010			65%		
2009 & PRIOR			70%		
TOTALS	SHADeD	SHADeD	SHADeD		

SECTION 4 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 5 SUPPLIES

Average monthly supplies at cost (FIFO method) (do not include inventory)
INVENTORY IS NO LONGER TAXABLE IN RHODE ISLAND

SECTION 6 MANUFACTURER INVENTORIES WHICH YOU CLAIM EXEMPT

INVENTORY IS NO LONGER TAXABLE IN RHODE ISLAND RI LAW 44-5-38, as amended

SECTION 7 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 8 TANGIBLE PROPERTY LEASED OR RENTED TO OTHERS

On December 31, 2022, 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 mailing address, 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 9 LEASEHOLD IMPROVEMENTS

Fixtures/Equipment, 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
2022			5%		
2021			10%		
2020			15%		
2019			20%		
2018			25%		
2017			30%		
2016			35%		
2015			40%		
2014			45%		
2013			50%		
2012			55%		
2011			60%		
2010			65%		
2009 & PRIOR			70%		
TOTALS	SHADeD	SHADeD	SHADeD		