

Assessors' Use only
Date Received

\_\_\_\_\_  
Name of City or Town

**FISCAL YEAR \_\_\_\_\_ -- FORM OF LIST**  
**Return of personal property subject to taxation**  
**General Laws Chapter 59, § 29**

TO BE FILED BY ALL INDIVIDUALS, PARTNERSHIPS, ASSOCIATIONS OR TRUSTS, CORPORATIONS,  
LIMITED LIABILITY COMPANIES AND OTHER LEGAL ENTITIES  
SUBJECT TO TAXATION IN THIS CITY OR TOWN  
PERSONAL PROPERTY SCHEDULES NOT OPEN TO PUBLIC INSPECTION  
(See General Laws Chapter 59, § 32)


**Return to: Board of Assessors**  
Form must be filed by March 1 unless an  
extension is granted by the board of assessors

<b>1. TAXPAYER INFORMATION.</b> Complete all sections that apply. Please type or print.		
A. Name of taxpayer: _____ FID Number: _____ (NOT SSN)		B. Assessors' use only
(1) Owner's name: _____		
(2) Business name: _____		
C. Indicate status:		
<input type="checkbox"/> Individual. (Do not include social security number above)		
<input type="checkbox"/> Partnership. Provide names of all partners: _____		
<input type="checkbox"/> Association or Trust. Provide names of all members/trustees: _____		
<input type="checkbox"/> Limited Liability Company. Provide names of all members: _____		
<b>If any of above, or other non-corporate entity, treated as corporation for federal income tax (a) by default rules, check here <input type="checkbox"/> or (b) by election form, check here. <input type="checkbox"/> Effective date: _____.</b> Attach federal election form 8832.		
Check here <input type="checkbox"/> if entity filing federally as a corporation is classified as a manufacturer by Commissioner of Revenue. [To be classified as a manufacturer, an application must be made to the Commissioner on or before January 31 on form 355Q. G.L. c. 63, §§ 38C & 42B; c. 58, § 2; c. 59, § 5(16)(5) and 830 C.M.R. 58.2.1]		
<input type="checkbox"/> if entity filing federally as a corporation files Massachusetts return 63-20P, 63-23P, 63FI or PS1. (see below)		
<input type="checkbox"/> Corporation. (Check this box only if an incorporated entity)		
Check here <input type="checkbox"/> if corporation classified as a manufacturer by Commissioner of Revenue. (To be classified as a manufacturer, an application must be made to the Commissioner on or before January 31 on form 355Q. G.L. c. 63, §§ 38C & 42B; c. 58, § 2; c. 59, § 5(16)(5) and 830 C.M.R. 58.2.1)		
<input type="checkbox"/> if an insurance company filing premium excise return 63-20P or 63-23P (G.L. c. 63, §§ 20 & 23).		
<input type="checkbox"/> if a financial institution filing financial institution excise return 63 FI (G.L. c. 63, §§ 1 & 2)		
<input type="checkbox"/> if a utility corporation filing public service corporation franchise tax return PS1 (G.L. c. 63, §52A)		
<input type="checkbox"/> Executor/administrator. Indicate estate of: _____ Decedent's last residence: _____		
<input type="checkbox"/> Other. Specify: _____		
D. Nature of business or profession: _____	E. State of formation: _____	F. Date of formation: _____
G. Business address		
(1) Address of principal place of business: _____		
(2) Mailing address (if different): _____		
(3) Telephone number: (    ) _____		
H. Location(s) of personal property: _____		



**A. POLES, UNDERGROUND CONDUITS, WIRES AND PIPES**

* Own/ Other	Type	Quantity/ Run feet	Size	Make	Nature of use	Years installed	** Year of Manufacture	Year of purchase	Purchase price	Estimated market value

Continue list on attachment, in same format, as necessary.

Subtotal Schedule A  
Subtotal attachment  
TOTAL


**B. MACHINERY**

* Own/ Other	No.	Description	Nature of use	Manufacturer	Model	** Year of Manufacture	Year of purchase	Purchase price	Estimated market value

Continue list on attachment, in same format, as necessary.

Subtotal Schedule B  
Subtotal attachment  
TOTAL


**C. TOOLS AND EQUIPMENT**

* Own/ Other	No.	Description	Nature of use	Type/model	** Year of Manufacture	Year of purchase	Purchase price	Estimated market value

Continue list on attachment, in same format, as necessary.

Subtotal Schedule C  
Subtotal attachment  
TOTAL


**D. BUSINESS FURNITURE AND FIXTURES**

* Own/ Other	No.	Description	** Year of Manufacture	Year of purchase	Purchase price	Estimated market value

Continue list on attachment, in same format, as necessary.

Subtotal Schedule D  
Subtotal attachment  
TOTAL


**E. MERCHANDISE**

* Own/ Other	Type	Description	** Year of Manufacture	Year of purchase	Purchase price	Estimated market value
	Finished goods or products					
	Work in progress					
	Materials or supplies					

Continue list on attachment, in same format, as necessary.

Subtotal Schedule E  
Subtotal attachment  
TOTAL


**F. UNREGISTERED MOTOR VEHICLES AND TRAILERS**

* Own/ Other	Model, name, letter or number	Make	Type: Describe sufficiently for identification giving number of passengers, number of doors and type of body. If not required to be registered, so state and name use.	No. of cylinders or rated capacity	** Year of Manufacture	Year of purchase	Purchase price	Estimated market value

Continue list on attachment, in same format, as necessary.

Subtotal Schedule F  
Subtotal attachment  
TOTAL


\* Specify if property owned, leased, consigned, etc. and attach copies of lease or other agreement with owner.

\*\* List property by most recent to earliest year of manufacture.

