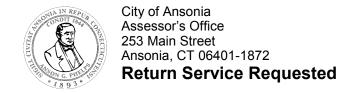
| form. Failure to declare, in the form | T Lessee's Name and, loaned, rented, or stored personal property not and manner as herein prescribed, shall result in assion and must be reported includes (but is not l | n the presumption of ownership and subseq | uent tax liability plus penalties. Property you do | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|--------------------------------------------------------------|--|--|--|--|--|--|
| October 1, 2017? | COPY AND ATTACH All any leased items that were in your possessi If yes, enter a description of the property and in the space to the right. | | | | | | | | |
| Did you acquire any of the leased items that were in your possession on October 1, 2017? If yes, indicate previous lessor, item(s) and date(s) acquired in the space to the right. Is the cost of any of the equipment listed below declared anywhere else on this declaration? If yes, note year in the 'Year Included' row and list | | | | | | | | | |
| Is the cost of any o | f the equipment listed below declared anywl tion Cost' row. | nere else on this declaration? If yes, no | te year in the 'Year Included' row and list | | | | | | |
| | Lease #1 | Lease #2 | Lease #3 | | | | | | |
| Name of Lessor | | | | | | | | | |
| Lessor's address | | | | | | | | | |
| Lease Number | | | | | | | | | |
| Item description / Model # | | | | | | | | | |
| Serial # | | | | | | | | | |
| Year of manufacture | Voc D No D | Voc III No III | Voc 🗆 No 🗆 | | | | | | |
| Capital Lease | Yes No No | Yes □ No □ | Yes No No | | | | | | |
| Lease Term – Beginning/End Monthly rent | | | | | | | | | |
| Acquisition Cost | | | | | | | | | |
| Year Included | | | | | | | | | |
| Thi | S FORM MUST BE SIGNED (AND IN SOME CASES AVOID PENALTY — IMPROPERLY SIGNE | , | TH THE ASSESSOR. | | | | | | |
| OWNER I DO HEI completed according personal property li | REBY declare under penalty of fa g to the best of my knowledge, re able to taxation; and that I have the laws relating to the assessmen | membrance, and belief; that it not conveyed or temporarily of | is a true statement of all my lisposed of any estate for the | | | | | | |
| CHECK ONE | OWNER | PARTNER | | | | | | | |
| | CORPORATE OFFICER | ☐ MEMBER | | | | | | | |
| Signature | | | Dated | | | | | | |
| | O'contractive | | | | | | | | |
| | Signature/Title | | | | | | | | |
| | Print or type name | e | | | | | | | |
| 0 | | | | | | | | | |
| | / declare under oath that I have been du nowledge sufficient to file a proper declar | | | | | | | | |
| Agent's Signature | | | Dated | | | | | | |
| | Agent's Signature /T | Title | | | | | | | |
| | Print or type agent's n | name | | | | | | | |
| | ,, e | RE MUST BE WITNESSED | | | | | | | |
| Witness of agent's sworn star | tement | | | | | | | | |
| Subscribed and awarn to hat | ioro ma | | Detect | | | | | | |

The Personal Property Declaration must be signed above and delivered to the Ansonia Assessor or postmarked (as defined in C.G.S. Sec. 1-2a) by Thursday, November 1, 2018 -OR- a 25% Penalty as required by law shall be applied.

Circle one: Assessor or staff member, Town Clerk, Justice of the Peace, Notary or Commissioner of Superior

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Ansonia, Connecticut 2018 Declaration of Personal Property – Short Form

Who Should File: All owners of taxable personal property. If you no longer own the above noted business or personal property assessed in your name last year, you need only to complete the AFFIDAVIT OF BUSINESS CLOSING OR MOVE OF BUSINESS OR SALE OF BUSINESS below and return this declaration to the Assessor. If you do not, the Assessor must assume that you are still operating the business or still own and have failed to declare your taxable personal property.

Complete: Complete the entire declaration. Writing "Same as last year" is not acceptable. Do not forget the DETAILED LISTING OF DISPOSED ASSETS REPORT (page 2) and the LESSEE'S LISTING REPORT (page 4).

Signature Required: The owners shall sign the DECLARATION OF PERSONAL PROPERTY AFFIDAVIT (page 4). The owner's agent may sign the

Phone 203–736-5950

Direct questions concerning declaration to the Assessor's Office at:

declaration, in which case the declaration must be duly sworn to or notarized.

Extension: The Assessor may grant a filing extension *for good cause* (CGS §12-42). If a request for an extension is needed, you need to contact the Assessor in writing by November 1 (or the Monday following if November 1 falls on Saturday or Sunday)

Penalty for late filing – Failure to file timely will result in a penalty equal to 25% of the assessment of the personal property. This declaration must be filed or postmarked (as defined in C.G.S. Sec. 1-2a) no later than:

Thursday, November 1, 2018

Check Off List:

□ Read instructions

Ansonia Assessor's Office

Fax 203-734-5959

| Hand deliver decl City of Ansonia Assessor's Office 253 Main Street Ansonia, CT | | Mail declaration to: City of Ansonia Assessor's Office 253 Main Street Ansonia, CT 06401-1872 | ☐ Complete appropriate sections ☐ Complete exemption applications ☐ Complete disposed asset report ☐ Corporations complete all of page 3 ☐ Make a copy for your records ☐ Sign, date & witness as required on page 4 ☐ Return by November 1, 2018 | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|
| Affidavit of Business Termination or Move or Sale of Business or Property | | | | | | | | | |
| I | of | | at | | | | | | |
| Business or property of | | Business Name (if applicable) | Street location in Ansonia | | | | | | |
| With regards to said bu | isiness or property I do so | | Said business or property was (indicate which one by circling): | | | | | | |
| • | | Date | | | | | | | |
| SOLD TO: | | | | | | | | | |
| | Name | | Address | | | | | | |
| MOVED TO: | City/Town and State to where | business or property was moved | Address | | | | | | |
| TERMINATED: | TERMINATED: Attach Bill of Sale or Letter of dissolution to this form and return it with this affidavit to the Assessor's office | | | | | | | | |
| The signer is made aware that the penalty for making a false affidavit is a \$500.00 fine or imprisonment for one year or both. | | | | | | | | | |
| Signature | | | Print name | | | | | | |

This form may NOT be used by utility companies, telecommunication companies, lessors, or persons claiming manufacturing machinery and equipment (Codes 10 or 13)

2018 PERSONAL PROPERTY DECLARATION - SHORT FORM Commercial and financial information is not open to public inspection.

TAXABLE PROPERTY INFORMATION Give actual acquisition costs including any additional charges for transportation and installation by year for each type of property described.

COPY AND ATTACH ADDITIONAL SHEETS IF NEEDED

| charges | ior transportation and | ırıstanaı | lion by year for each type | or property c | iescribed. | | | |
|----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-----------|----------------------------|----------------|---------------------------------------------------|--------------|-------------------|------------------------|
| Circle One | #12 – Commercial Fi #17 – Farm machine | | pparatus or | Circle One | #18 – Farm Tools #19 – Mechanics Tools | or | | Assessor's Use Only |
| Year Ending | Original cost, trans- portation & installation | % Good | Depreciated Value | Year Ending | Original cost, transportation & installation | % Good | Depreciated Value | |
| 10-1-18 | | 95% | | 10-1-18 | | 95% | | |
| 10-1-17 | | 90% | | 10-1-17 | | 90% | | |
| 10-1-16 | | 80% | | 10-1-16 | | 80% | | #12 |
| 10-1-15 | | 70% | | 10-1-15 | | 70% | | |
| 10-1-14 | | 60% | | 10-1-14 | | 60% | | #17 |
| 10-1-13 | | 50% | | 10-1-13 | | 50% | | |
| 10-1-12 | | 40% | | 10-1-12 | | 40% | | #18 |
| Prior Yrs | | 30% | | Prior Yrs | | 30% | | |
| Total | | Total | | Total | | Total | | #19 |
| #16 – Fu | ırniture, fixtures and e | quipmer | nt | # 20 E | Electronic data processing | g equipr | nent | |
| Year Ending | Original cost, transportation & installation | % Good | Depreciated Value | Year Ending | Original cost, transportation & installation | % Good | Depreciated Value | |
| 10-1-18 | | 95% | | 10-1-18 | | 95% | | |
| 10-1-17 | | 90% | | 10-1-17 | | 80% | | |
| 10-1-16 | | 80% | | 10-1-16 | | 60% | | |
| 10-1-15 | | 70% | | 10-1-15 | | 40% | | |
| 10-1-14 | | 60% | | Prior Yrs | | 20% | | |
| 10-1-13 | | 50% | | Total | | Total | | |
| 10-1-12 | | 40% | | lr. | n accordance with Sec | tion 16 | 9 IDS Codos | #16 |
| Prior Yrs | | 30% | | " | Computer | | o ino codes | |
| Total | | | #20 | | | | | |
| # 23 – Expensed supplies - The average is the total amount expended on supplies since October 1, 2017 divided by the | | | | Year Ending | Total Expended | # of Mo.s | Average Monthly | |
| | of months in business | | | 10-1-18 | | | | #23 |
| #24a – C | Other Goods - including | g leasel | nold improvements | #24b F | Rental Entertainment Med | dium | | |
| Year Ending | Original cost, transportation & installation | % Good | Depreciated Value | Year Ending | Original cost, trans- portation & installation | % Good | Depreciated Value | |
| 10-1-18 | | 95% | | 10-1-18 | | 95% | | |
| 10-1-17 | | 90% | | 10-1-17 | | 80% | |] [|
| 10-1-16 | | 80% | | 10-1-16 | | 60% | |] [|
| 10-1-15 | | 70% | | 10-1-15 | | 40% | | |
| 10-1-14 | | 60% | | Prior Yrs | | 20% | |] |
| 10-1-13 | | 50% | | Total | _ | Total | |] |
| 10-1-12 | | 40% | | - | # of video tapes | | # of DVD movies | |
| Prior Yrs | | 30% | | | # of music CD's | | # of video games | |
| Total | | Total | | | 24a and 24b | Total | | #24 |

Detailed Listing of Disposed Assets Report- If you disposed of, sold, or transferred a portion of the property included in last year's filing, complete the following. DO NOT INCLUDE DISPOSALS IN TAXABLE PROPERTY INFORMATION

| Date Removed | Code # | Description of Item | Date Acquired | Acquisition Cost | |
|-------------------|--------------|----------------------------------------------------------------------|---------------|------------------|--|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Detailed Listin | ng of Ass | ets Orig Value ≤ \$250 | | | |
| Pursuant to CGS 1 | 2-81(79) – l | _isting of assets purchased prior to 10/1/08 with a value of ≤ \$250 | | | |
| | - | Description of Item | Date Acquired | Acquisition Cost | |
| | | | | | |
| | | | | | |

Page 2

| | | 2010 F | Commercial | | | _ | | | | | |
|-------------------|---------------------|---------------------|---------------------------------------------------|----------------------|-----------------------------------------------------------------------|-----------------|--------------------------|----------------|------------------------------------------------|-----------------|------------------------|
| List or Account # | | | | | Assessment date October 1, 2018 Required return date November 1, 2018 | | | | | | |
| Owner | 's Name | | | | | | | | | | |
| Addres | _ | | | | | | | | DBA | | |
| | ate/Zip | | | | | | | | 22,1 | | |
| | | | 1 | | | | Stroc | at location | of personal propert | v in Aı | seonia |
| Phone | - | | , , , , , , , , , , , , , , , , , , , | | | | Suee | et location | or personal propert | y III AI | isonia |
| E-mail | _ | | | | | | | Des | scription of business | s· | |
| Type o | of ownership: | ☐ Corporatio | n 🗌 Partnership | □LLC□S | ole Prop | rietor 🗌 | Other-Desc | | onphon or buomoo | . | |
| Type o | of husiness. [| □ Manufactur | er 🗆 Wholesale | □ Service | ☐ Profe | ssion \square | Retail/Men | cantile □ | Tradesman Oth | ner | |
| | usiness Activit | | ci wiloloodio | | | | ootage | | No. of Employees | | |
| | | • | | | | • | | | | | |
| vehicles, | , etc.) including a | ny vehicle garage | ed in Connecticut but r | egistered in ano | | | | | s, off-road construction . If you are a farmer | | ASSESSOR'S USE ONLY |
| • | · | | 1, list tractors in Code Identification | | Lanath | \\/aialat | Purchase | Dete | Malua | | |
| Year | Make | Model | identification | OH INO. | Length | Weight | Price | Date | Value | Code | A SSESSMENTS |
| | | | | | | | | | | #9 | |
| | | | | | | | | | | #9 #9 | |
| #11 Ho | rses And Ponie | s Describe your | horses and ponies. A | \$1 000 assessm | nent exemp | tion per ani | mal will be an | lied If you a | are a farmer the | #9 | |
| | | | -28 is filed with and ap | | | uon per um | mai wiii bo api | onou. Il you c | are a raimor, and | | |
| | Breed | Age | Registered | Sex | Dr | ooding/Sk | Quality: now/Pleasure | /Pacing | Value | | |
| | | | | | ы | eeuing/Si | iow/Fieasure | Racing | | #11 | |
| | | | | | | | | | | #11 | |
| | | | | | | | | | | #11 | |
| | | | ot currently assessed a | | Longth | \\/idth | Bedrooms | Dotho | Value | | |
| Year | Make | Model | Identification | OH NO. | Length | Width | Bearooms | Baths | Value | #14 | |
| Dropor | ty Code and | Description | 1 | | | 1 | | | Net Depreciated | 1 | <u> </u> |
| | ty Code and | | | | | | | | Value From page 2 | | |
| | | | All fishing apparatus ers, etc.). A \$500 value | | | ercial fishe | rman in his bu | siness (e.g., | | #12 | |
| #16 - F | urniture & Fixtu | res Furniture, fix | tures and equipment of | of all commercial | l, industrial, | | | | | | |
| | | | professions. Example bile telephones), telephones | | | | | | | | |
| | | | partitions, shelving dis | | | | | | | #16 | |
| | | | (e.g., tractors, harrow lick wagons, dozers, ba | | | | | | | | |
| | ed in the operatio | | | 2011 11000, 117 41 0 | | , qu.p, | | Ja.p | | #17 | |
| #18 - Fa | arming Tools Fa | arm tools, (e.g., h | oes, rakes, pitch forks | s, shovels, hoses | s, brooms, e | etc.). | | | | #18 | |
| #19 - M | lechanics Tools | Mechanics tools | s (e.g., wrenches, air h | ammers, jacks, | sockets, etc | c.). | | | | #19 | |
| #20 - E | lectronic Data F | Processing Equ | ipment Electronic da ased equipment acting | ta processing ed | quipment (e. | g., comput | ers, printers, p | eripheral | | | |
| | | | and must be included | | as delined | under Sec | uon 100 oi the | IKS Code | | #20 | |
| | | | onthly quantity of sup disks, computer paper, | | | | | | | | |
| | and maintenance | | lisks, computer paper, | pens, pendis, n | uiers, stapie | ers, paper c | nips, medicai | and dental | | #23 | |
| | | | nd Effects Any other ta | | | | | | | | |
| | | | ories. (e.g. video tape: easehold improve | | | | deo games, si | gris, | | #24 | |
| Total A | Assessment – | all codes #9 | through #24 | | | | Sı | ıbtotal > | | | |
| #25 – F | enalty for failur | re to file as req | uired by statute – 2 | 5% of assessn | nent | | | | | #25 | |
| Exemp | otion - Check | box adjacent to | the exemption you | are claiming: | | | | | | | I. |
| - | | - | lue | _ | | - \$500 va | alue | | | | |
| | – Farming Too | ls - \$500 value | ☐ I – Horses/p | onies \$1000 a | assessmei | nt per anir | mal | | | | |
| | | | | ation and/or c | ertificate t | o be filed | with the Ass | essor by the | e required return date | | |
| | | | tion control equipme | | | | | rovide copy | | | |
| | | | value - Exemption a | | | | | | | | |
| | | | y/Enterprise Zone/E | Interprise Corr | ridor Zone | | | | | | |
| Total N | let Assessme | ent | | | | As | sessor's f | -ınal Asse | essment Total > | Ì | |

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