



City of Lewiston
ASSESSOR'S OFFICE
 27 Pine Street, Lewiston, Maine 04240
207•513•3027



Business Equipment Tax Exemption Application

(Title 36 § 691 – 700B)

This application must be filed every year with the municipal assessor no later than May 1st

BUSINESS NAME: _____ **DBA (if applicable):** _____ **Type of Business:** _____

BUSINESS ADDRESS: _____ **ACCOUNT : #** _____

NAME OF OWNER: _____ **TIF :** YES NO

TAXPAYER INSTRUCTIONS

Description of the Exempt Equipment: Description should be specific enough to be able to identify the property: (i.e. 2009 Bobcat model 236D skid steer loader, 2012 DitchWitch trencher model RT30).

Date First Purchased/Placed in Service in Maine: List date equipment first put into service in Maine. Only equipment placed in service after April 1, 2007 is eligible for BETE.

Cost of Value New: The value of the equipment when it was new or what it would cost to purchase new. Include all installation costs.

Estimate of Current Value: Estimate of the current value of this piece of equipment.

Current Age: The total number of years this equipment has existed. (for depreciation purposes).

DESCRIPTION OF THE EXEMPT EQUIPMENT (Please be specific)	PURCHASED/ PLACED IN SERVICE IN MAINE (MM/YY)	CURRENT AGE	COST NEW OR ESTIMATE OF VALUE	PHYSICAL ADDRESS OF EQUIPMENT (Leased equipment only)	TO BE COMPLETED BY THE ASSESSOR	
					Assessed Value	BETE Eligible

CONTINUE AND SIGN ON BACK

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DESCRIPTION OF THE EXEMPT EQUIPMENT <small>(Please be specific)</small>	PURCHASED/ PLACED IN SERVICE IN MAINE <small>(MM/YY)</small>	CURRENT AGE	COST NEW OR ESTIMATE OF VALUE	PHYSICAL ADDRESS OF EQUIPMENT <small>(Leased equipment only)</small>	TO BE COMPLETED BY THE ASSESSOR	
					Assessed Value	BETE Eligible

Applicant (or property owner) signature. Under penalties of prejury, I delcare that I have examined this application and accompanying schedules and, to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than applicant) is based on all the information of which the preparer has knowledge.

APPLICANT: _____ **DATE:** _____
PREPARER: _____ **DATE:** _____

Assessor (or agent of the assessor) signature: Under penalties of prejury, I declare that I examined this application and accompanying schedules and, to the best of my knowledge and belief, they are true, correct and complete.

ASSESSOR (or agent of the assessor): _____
DATE: _____