

Form **801B**
2009

ASSESSOR NOTIFICATION
PROPERTY CLAIMED FOR MORE THAN 12 YEARS

SECTION 1. Notice of Intent.

SEE INSTRUCTIONS

Municipal Code: _____

(see pages 5 and 6)

1A. MUNICIPALITY OF _____

Dear Assessor: Pursuant to **36 MRSA § 6653**, you are hereby notified that :

_____ (applicant name)
intends to file an application with Maine Revenue Services for reimbursement of property tax associated with eligible business property first placed in service in Maine after April 1, 1995 for taxes assessed April 1, _____.

1B. Claimant is a: Corporation Partnership Sole Proprietor LLC

SECTION 2. Schedule for Business Equipment Tax Reimbursement. (Attach additional sheets if needed)

The eligible business property is situated at (street address, map & lot, account #, etc.):

Valuation components determined by the local tax assessors establish an essential basis for taxpayers wishing to participate in this program. I am requesting that you provide information pertaining to the **assessed value** for eligible business property in Column F and **relevant assessment information** in Section 3 on the reverse side. Please enter the necessary information **sorted by "Number of Years Claimed"** and return this schedule to me within 60 days or make this information available to me when the tax bills are issued, whichever occurs later. I believe the following listed property constitutes eligible business property which is eligible for reimbursement by the State of Maine.

A. Property Description Category	B. State of Origin (if acquired used)	C.* Number of Years Claimed	D. Original Assessment Year	E. Original Cost	F. Assessed Value (To be completed by local tax assessor.)
1. Machinery & Equipment	_____	13	_____/____	\$ _____	\$ _____
2. Furniture	_____	13	_____	_____	_____
3. Other.....	_____	13	_____	_____	_____
4. TOTALS	_____	_____	_____	_____	_____
5. Value Limitation	_____	_____	_____	_____	.75
6. Allowable Assessed Value (in column F, multiply line 4 by line 5)	_____	_____	_____	_____	_____

* **Form 801B is for property claimed more than 12 years. See instructions for this form.**

SECTION 3. Property Tax Information (To be completed by local tax assessor.)

Property Tax Rate _____ Assessed Tax \$ _____ For Taxes Assessed April 1, _____

Assessor Signature _____ Municipality Name _____ Date _____

Taxpayer (or agent) signature

Social Security number or federal EIN (see note, p.4)

Date