

Name (Legal owner of record) Street City State Zip State identification number (AA-County-Municipality-R-Parcel Number) Local parcel number Federal Employer Identification Number (FEIN) This property is located in: Town Village City Municipality County Street address For Dept. Use Only PENALTY EXTENSION Stamp (R. 1-16)

1. Is this property Vacant or Non-operating Yes No

2. Is this property leased/occupied Yes No

If "Yes," enter the following information and complete Schedule R-5:

Leased/occupied (%) Unoccupied/vacant (%) Other (%) (describe)

3. During the last two years, was this property:

a. Bought/sold Yes No

Date Price \$

b. Listed/offered for sale Yes No

Date Price \$

4. Was this property appraised since January 1, 2015 Yes No

If "Yes," attach a complete copy and enter the following information:

Date Price \$ Purpose of Appraisal

5. Were there any of the following changes between January 1, 2015 - January 1, 2016:

a. Changes to the parcel's size or shape Yes No

If "Yes", describe.

b. New construction or construction in progress from previous years Yes No

If "Yes," complete Schedule R-1.

c. Remodeling of any previously existing building Yes No

If "Yes," complete Schedule R-2.

d. Demolition Yes No

If "Yes," complete Schedule R-3.

e. Land improvements Yes No

If "Yes," complete Schedule R-4.

f. Changes to waste treatment Yes No

If "Yes," complete Schedule R-6.

Schedule Y-R Summary of Accounting Records

Name 1	Name 2
State identification number	Local parcel number

Part 1 – Total Real Estate Original Costs From Your Accounting Records

Report: All manufacturing real estate costs associated with this parcel.

<i>Col. 1</i> Property Type or Account	<i>Col. 2</i> Balance Jan. 1, 2015	<i>Col. 3</i> Additions (+) during 2015	<i>Col. 4</i> Deletions (-) during 2015	<i>Col. 5</i> Balance Jan. 1, 2016
1. Land cost			()	
2. Land improvement cost			()	
3. Building(s) cost			()	
4. Building components cost			()	
5. Construction in progress cost (RE only)			()	
6. Waste treatment cost (RE only)			()	
7. Other			()	
Total (1-7)			()	
Land size (Acres or SF) Attach a note with a detailed explanation of changes	Jan. 1, 2015	Additions during 2015	Deletions during 2015	Jan. 1, 2016
			()	

Part 2 – Classify Items as Real Estate or Personal Property

To help prevent double assessments, check the appropriate box for each item below.

Normally Assessed as Real Estate (RE)	Reported as RE (M-R Form)	Reported as PP (M-P Form)	Not Applicable
Boilers for building heat			
Building HVAC equipment			
Building electrical service			
Plumbing piping and fixtures			
Sprinkler equipment			
Dock levelers			
Central air conditioning			
Railroad siding			
Elevators			
Truck scales			
Other			

Normally Assessed as Personal Property (PP)	Reported as RE (M-R Form)	Reported as PP (M-P Form)	Not Applicable
Process boilers (always taxable)			
Process power wiring (exempt)			
Process piping (exempt)			
Conveyors			
Moveable office partitions			
Transformers (taxable)			
Machine foundations (exempt)			
Portable air conditioners			
Tanks/Silos			
Cranes and craneways			
Refrigeration equipment			
Other			

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Report: Complete this schedule for each separate new building or addition, to clarify the type of new construction and reduce the possibility of an erroneous assessment.

Exclude: Remodeling to existing buildings. Report remodeling on Schedule R-2.

Is new construction a free standing building or an addition to an existing structure? (Check the most appropriate description)

- Free standing building Addition to an existing structure

Provide the following for the new construction:

Total floor area _____ Sq. Ft.
Ground floor area _____ Sq. Ft.
Building Height (attach an elevation sketch if available) _____ FT

Structure Type (by floor area)	_____ % Office	_____ % Production	_____ % Warehouse
Foundation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Basement	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Insulation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Plumbing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Framing	<input type="checkbox"/> Masonry	<input type="checkbox"/> Studs (wood/steel)	<input type="checkbox"/> Steel (structural)
	<input type="checkbox"/> Reinforced concrete	<input type="checkbox"/> Wood pole	<input type="checkbox"/> Pre-engineered steel
Exterior Wall (Predominant Material)	<input type="checkbox"/> Concrete block (plain)	<input type="checkbox"/> Split-face block	<input type="checkbox"/> Concrete (tilt-up/precast)
	<input type="checkbox"/> Metal	<input type="checkbox"/> Wood	<input type="checkbox"/> Other
Power	<input type="checkbox"/> None	<input type="checkbox"/> 220 volt	<input type="checkbox"/> 440 volt <input type="checkbox"/> 880 volt
Heating	_____ Percent of building area heated		
Air Conditioning	_____ Percent of building area cooled		
Fire Protection	_____ Percent of building area fire protected		
Finished Area			
Floor area of (finished) office space			_____ Sq. Ft.
Floor area of other finished areas (ex: computer rooms, R & D labs, lunch rooms)			_____ Sq. Ft.
Floor area of finished production space (ex: food preparation areas)			_____ Sq. Ft.

Miscellaneous - Other significant building components not included above (ex: elevators, ramps, docks, special electrical service, additional foundations)

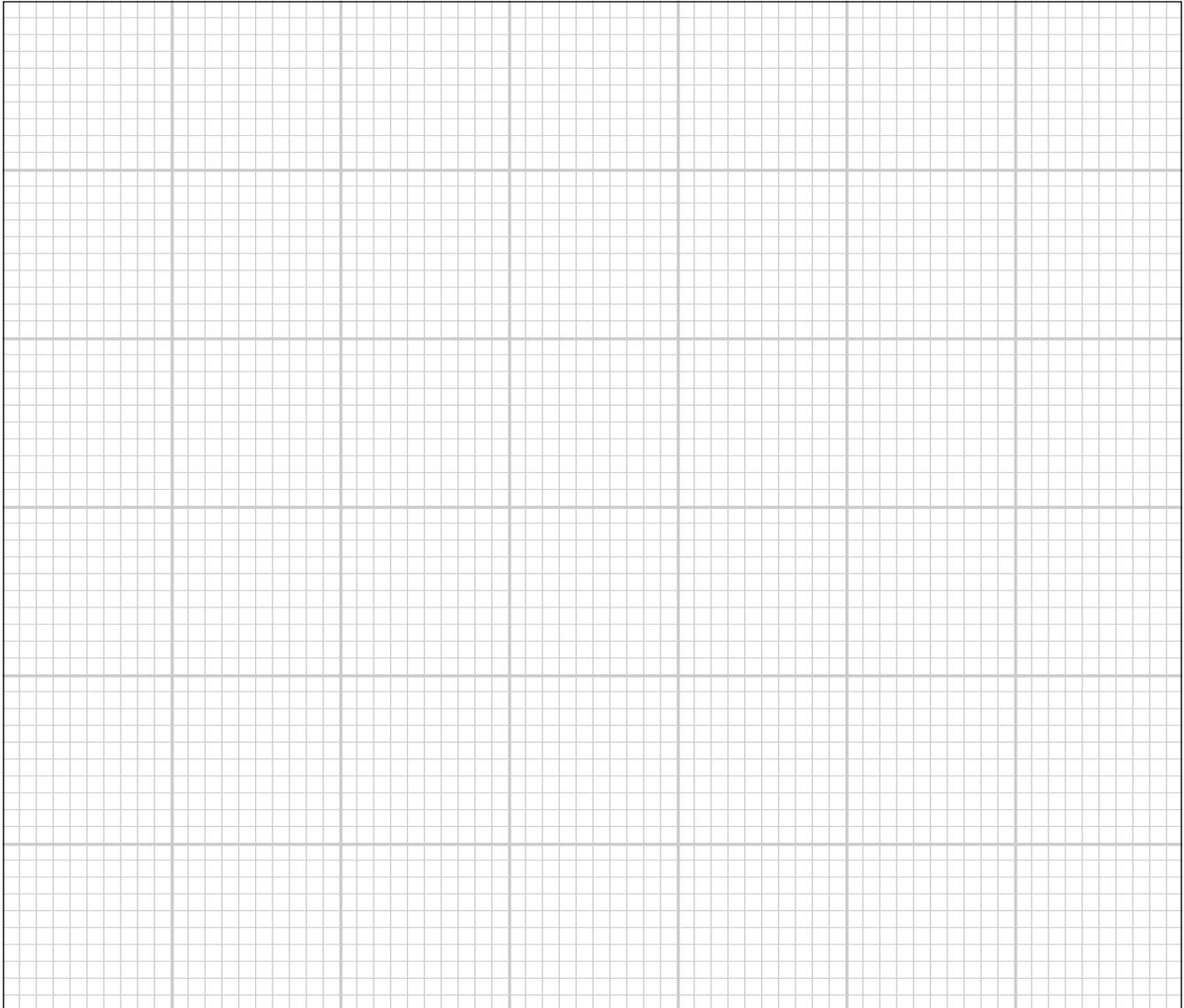
Name 1	Name 2
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Report: Include construction started and/or completed between January 1, 2015 and January 1, 2016.

Note: If blueprints or drawings are available for the new construction, you may submit them instead of completing the sketch. Add supplemental pages, drawings or photographs to help describe the new construction.

Building Sketch

Scale: 1" = _____ FT



EXAMPLE: Scale 1" = 100'

1) Outline bldg. dimensions to scale & label measurements.
2) Outline interior partitions and identify area's use.

Calculations and other pertinent data:

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Report: Schedule R-1 Part 2. You may send us copies of supporting contracts or billings.

Reporting Cost: (Check the box that applies)

- Acted as own general contractor Hired general contractor

Report Cost for:

1. Site preparation
2. Foundation, basement and superstructure.....
3. Electrical/lighting/power
4. Plumbing
5. Sprinkler system.....
6. HVAC
7. Finish - partitions; interior finish on floors, walls and ceilings
8. Start up costs (ex: soft costs and architect fees).....
9. Other costs (describe)

10. If costs include items you feel may qualify as **exempt machinery and equipment** (ex: special machine foundations, production power wiring or process piping), attach an explanation..... ()
11. **Total cost** of construction upon completion.....
12. **Percent complete on** January 1, 2016 (use cost incurred, not cost paid, to calculate)
13. **Total building cost** incurred before January 1, 2016 (excluding Ex M&E) (multiply line 11 by line 12)
14. **Important** - deduct cost of construction reported last year
15. **Net amount** to be reported this year. Enter here and on Sch. B, Line 1, "Cost" column.....
16. **Your estimate** of market value of construction as of January 1, 2016. Enter here and Sch. B, Line 1, "Value" column

Explain your opinion of the effective increase in value here or attach supporting documentation.

For Department Use Only	Phys. Res	Ind.Bldg. Func. Res.	Overall Func. Res.	Loc. Res.	Other Eco. Res.	OARes.	Total Sq Ft	\$	\$/Sq Ft
Comments:									

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Report: Land improvement changes. Provide a description for "Landscaping" and "Other."

	Cost
Paving <input type="checkbox"/> No change <input type="checkbox"/> Concrete Depth (inches) _____ <input type="checkbox"/> Repaving <input type="checkbox"/> Asphalt SQ FT _____ <input type="checkbox"/> New paving	
Landscaping <i>(describe)</i>	
Sewer/Drainage System <input type="checkbox"/> No change <input type="checkbox"/> Septic system <input type="checkbox"/> Storm sewers <input type="checkbox"/> Replacement <input type="checkbox"/> Holding tank <input type="checkbox"/> Drainage field <input type="checkbox"/> New <input type="checkbox"/> Mound system <input type="checkbox"/> Municipal (ex: cost of hook-up line)	
Water System <input type="checkbox"/> No change <input type="checkbox"/> Well <input type="checkbox"/> Private Water System Depth (feet) _____ <input type="checkbox"/> Municipal (ex: cost of hook-up line)	
Railroad Siding _____ Lineal FT	
Other – (ex: fences, lighting, curbs) <i>(describe)</i>	
Total cost (Enter here and on Sch. B, Line 4, "Cost" column)	\$
Enter what you feel is the total effective value increase as a result of these changes. (Also enter this amount on Sch. B, Line 4, "Value" column) Attach any documentation supporting your opinion of the effective change in value.	\$
For Dept. Use Only	\$

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Report: Identify market rentals. Note: Real estate leases between related parties are usually not market rentals.

<p>Tenant/occupant</p> <p>Name _____</p> <p>_____</p> <p>Address _____</p> <p>_____</p> <p>_____</p>	<p>Current Lease Information</p> <p>Sq. Ft. leased _____</p> <p># of months _____</p> <p>Start date _____</p>
<p>1. Does this parcel have leasehold improvements (building components or land improvements) that you do not own? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>2. Are you related to the tenant/occupant? If yes, explain relationship below. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	

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Report: Waste Treatment Activities.

1. Did the waste treatment status change in 2015? (ex: property no longer used for waste treatment; crops on vacant land sold; acreage used for waste treatment increased or decreased)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Did the assets used for waste treatment have any physical changes in 2015? (ex: new construction; remodeling or changes to buildings or structures; demolition)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you checked "Yes" for either question, describe below.		
<p>Note: You may attach construction prints, photos, fixed asset lists or any additional documentation to help describe the project or to outline the changes in 2015.</p>		

