	w is mandatory-A return mu	·			
Si usted	necesita este documento	o en espanol, esta dispo	nible en nuestra ofic	cina	
hanges to an	address needs to be updated, ple by other information please conta nake changes to DBA, NAME or lo	ct this office to receive the cor	rect paperwork.		
DBA	A NAME			Deadline to file th	2025
MA	NER NAME ILING ADDRESS			Extension requests via certified mail pri	=
1417 (	IEING NOOKESS			Please include DBA	
	ess has closed or moved out of No @cityofnewport.com or phone 4	01-845-5363 to request the clo		Business location and The due date wit 3/15/2	Account number. The extension is
ADDRESS O	F BUSINESS		NEW	/PORT, RI 02840	
NA/AIEDCI III	P: CORPORATION	CO DADINEDCUID	101)	DIETORCHIR	
JWNEKSHII	P:CORPORATION	CO-PARTNERSHIP   IN	DIVIDUAL/SOLE PROPI	KIETOKSHIP	
BUSINESS T	YPE MANUFACTURING [	WHOLESALE RETAI	L LEASING	SERVICE *TRANSI	ENT
lumber of l	Employees as of 12/21/24			*Hotel/B&B/Sho	ort Term/Guest/Inn
number of i	Employees as of 12/31/24				
	nter all Assets physically remove			=	
You may a	ttach separate sheets if need	•		mation requested below	w in each section)
		ASSETS REMO			
	ASSET DESCRIPTION	YEAR ACQUIRED	ORIGINAL COST	DATE REMOVED	
		Please enter all Ass			
	Yo	u may attach separate she	ets if needed or prefe	rred	
	COMPL	TED FOLLIDEMENT ADDED	2024	DEDDECIATIO	ON.
-		TER EQUIPEMENT ADDED		DEPRECIATIO	
-	ASSET DESCRIPTION	YEAR ACQUIRED	ORIGINAL COST	SCHEDULE	
-				2024	5%
-				2023	20%
_				2022	40%

Please mail/return to: OFFICE OF THE TAX ASSESSOR, 43 BROADWAY, NEWPORT, RI 02840

TOTAL

2021

2020 & PRIOR

70%

80%

FURNITURE FIXTU	FURNITURE FIXTURES & EQUIPMENT ADDED 2024			DEPRI	ECIATION	
ASSET DESCRIPTION	YEAR ACQUIRED	ORIGINAL COST	SCHEDULE			
			2024	5%	2020	40%
			2023	10%	2019	50%
			2022	20%	2018	60%
			2021 30% 2017 & 70		70%	
			PRIOR			
TOTAL						

LONG	LONG LIFE ASSETS ADDED 2024			DEPR	ECIATION	
ASSET DESCRIPTION	YEAR ACQUIRED	ORIGINAL COST		SCF	IEDULE	
			2024	5%	2016	45%
			2023	10%	2015	50%
			2022	15%	2014	55%
			2021	20%	2013	60%
			2020	25%	2012	65%
			2019	30%	2011 &	70%
			2018	35%	PRIOR	
			2017	40%		
TOTAL						

LEASED ASSETS FROM ANOTHER (DO NOT INCLUDE REAL ESTATE OR VEHICLES)					
OWNER/ADDRESS	ITEM DESCRIPTION	COST NEW	LEASE	MONTHLY	LEASE #
			TERM	RENT	

LEASED ASSETS TO ANOTHER (DO NOT INCLUDE REAL ESTATE OR VEHICLES)					
	LOCATION OF				
LESSEE'S NAME	PROPERTY	DESCRIPTION	COST NEW	DATE	LEASE #

LEASEHOLD IMPROVEMENTS ADDED 2024				D	EPRECIATION	
ASSET DESCRIPTION	YEAR ACQUIRED	ORIGINAL COST	SCHEDULE			
			2024	5%	2020	40%
			2023	10%	2019	50%
			2022	20%	2018	60%
			2021	30%	2017 & PRIOR	70%

By signing below, you affirm under penalties of perjury declare that the information provided is correct and true. Per State statute, this form must be notarized.

-	Signature	Date	Title	
n is/her knowledge ar		e me and made oath that the foregoing account be ion of all the ratable estate owned or possessed be		
ignature of Notary	Public and Date			