

ACCOUNT NUMBER _____

**INITIAL BUSINESS DECLARATION TO THE
ASSESSOR OF TAXES
NEWPORT RI**

In order to ensure the most accurate and equitable tax assessment, all businesses are required to fill out this form upon opening. Please return this form to the Tax Assessor's Office, 43 Broadway, Newport RI, 02840 at your earliest convenience.

Business Name _____

Nature of Business _____

Business Location _____

Date Opened for Business _____

Name & Address of Proprietors: (tax forms and information will be mailed here.)

1. _____

2. _____

Original cost of Furniture, Fixtures, Equipment, Machinery, Tools, etc. used in the operation of your business. (Do not include Motor Vehicles)
\$ _____

Do you have any LEASED equipment in your custody? Yes _____ No _____

If yes: Type of equipment: _____

Please provide Name and Address of Lessor

Have you registered your trade name and your business in the City Clerks Office and required by the terms of the RIGL? Yes _____ No _____

I UNDERSTAND THAT WHEN I CLOSE OR MOVE MY BUSINESS, I MUST FILL OUT A CLOSE OF BUSINESS FORM OR PROVIDE A NOTARIZED LETTER TO NOTIFY THE TAX ASSESSOR WITHIN 30 DAYS. I REALIZE THAT FAILURE TO DO SO MEANS THAT I WILL REMAIN ON THE ACTIVE TAX ROLL UNTIL SUCH PAPERWORK IS FILED, AND I WILL BE RESPONSIBLE FOR THOSE TAX BILLS

SIGNATURE _____ DATE _____