

Name (Legal owner of record)			Due Date March 1, 2021															
Mailing Address																		
City	State	Zip																
State identification number (AA-County-Municipality-R-Parcel Number)		<input type="checkbox"/> Check if name or address changed	For Dept. Use Only PENALTY <input type="checkbox"/> 10 days or less <input type="checkbox"/> 31+ days <input type="checkbox"/> 11-30 days <input type="checkbox"/> Cancel EXTENSION <input type="checkbox"/> Date of mailing _____ Type _____ <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th></th> <th style="text-align: center;">Initial</th> <th style="text-align: center;">Date</th> </tr> </thead> <tbody> <tr> <td>Log In</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Preaudit</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Audit</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Review</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>		Initial	Date	Log In	_____	_____	Preaudit	_____	_____	Audit	_____	_____	Review	_____	_____
	Initial			Date														
Log In	_____			_____														
Preaudit	_____	_____																
Audit	_____	_____																
Review	_____	_____																
Local parcel number																		
Federal Employer Identification Number (FEIN)																		
This property is located in: <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Municipality _____ County _____ Street address _____			Stamp															

1. Is this property **Vacant or Non-operating** Yes No
-
2. Was this property leased on January 1st Yes No
 If "Yes," complete Schedule R-5. If "No," enter the total amount of owner occupied space (square feet or % of total building area). Include area used in manufacturing storage, warehouse and offices when those areas support the manufacturing activity.
-
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, 2020 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, 2020 - January 1, 2021:
- a. Changes to the parcel's size or shape Yes No
 If "Yes," describe and complete Schedule Y-R, Part 1 - "Land Size (acres or SF)", Col. 3 or Col. 4
- 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 (ex. paving, fences, lighting, curbs) Yes No
 If "Yes," complete Schedule R-4.
- f. Changes to Waste Treatment Facilities 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 real estate costs associated with this parcel.

<i>Col. 1</i> Property Type or Account	<i>Col. 2</i> Balance Jan. 1, 2020	<i>Col. 3</i> Additions (+) during 2020	<i>Col. 4</i> Deletions (-) during 2020	<i>Col. 5</i> Balance Jan. 1, 2021
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, 2020	Additions during 2020	Deletions during 2020	Jan. 1, 2021
			()	

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			

Name 1	Name 2
State identification number	Local parcel number

Report: Complete a separate schedule R-1 for each new building or addition, to clarify the type of new construction and reduce the possibility of an erroneous assessment. You must attach a blueprint or drawing for this new construction.

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:

Ground floor area (footprint) _____ Sq. Ft.

Upper 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 <small>(Predominant Material)</small>	<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

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

Name 1	Name 2
State identification number	Local parcel number

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 Name: _____

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, 2021 (use cost incurred, not cost paid, to calculate) _____
- 13. **Total building cost** incurred before January 1, 2021 (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 and make appropriate entries on Sch. YR, Part 1, Col. 3 (Additions), Line 3-7..... _____
- 16. **Your estimate** of market value of construction as of January 1, 2021. Enter here and Sch. B, Line 1, "Value" column _____

Each R-1 Form filed must have a separate attachment!

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

**Schedule R-3
Demolitions Including Demolition in Progress**

Name 1	Name 2
State identification number	Local parcel number

Report: Building or land improvements that were removed from this parcel.

Description	Sq. Ft. Affected	Year Built	Original Cost	Cost to Raze
Total cost to raze (Enter here and on Sch. B, Line 3, "Cost" column and make appropriate entries on Sch. YR, Part 1, Col. 3 (Additions), Lines 2-7)				
Enter what you feel is the total effective value change as a result of the demolition. (Also enter this amount on Sch. B, Line 3, "Value" column) Attach any documentation supporting your opinion of the effective change in value.				
For Department Use Only				

Name 1	Name 2
State identification number	Local parcel number

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

<p>Tenant/occupant 1</p> <p>Name _____</p> <p>Address _____</p> <p>_____</p> <p>_____</p>	<p>Current Lease Information</p> <p>Sq. Ft. leased _____</p> <p># of months _____ Start date _____</p> <p>Briefly describe how tenant uses the leasable space</p> <p>_____</p> <p>_____</p> <p>_____</p>
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1. Does this parcel have leasehold improvements (building components or land improvements) that you do not own? Yes No

2. Are you related to the tenant/occupant? If yes, explain relationship below. Yes No

<p>Tenant/occupant 2</p> <p>Name _____</p> <p>Address _____</p> <p>_____</p> <p>_____</p>	<p>Current Lease Information</p> <p>Sq. Ft. leased _____</p> <p># of months _____ Start date _____</p> <p>Briefly describe how tenant uses the leasable space</p> <p>_____</p> <p>_____</p> <p>_____</p>
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1. Does this parcel have leasehold improvements (building components or land improvements) that you do not own? Yes No

2. Are you related to the tenant/occupant? If yes, explain relationship below. Yes No

Name 1	Name 2
State identification number	Local parcel number

Report: Waste Treatment Activities.

<p>1. Did the waste treatment status change in 2020? (ex: property no longer used for waste treatment; crops on vacant land sold; acreage used for waste treatment increased or decreased)</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>2. Did the assets used for waste treatment have any physical changes in 2020? (ex: new construction; remodeling or changes to buildings or structures; demolition)</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>If you checked "Yes" for either question, describe below.</p>		
<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 2020.</p>		

