

Schedule A – Manufacturing Personal Property Return Assessment Summary as of January 1, 2017

Due date: March 1, 2017

<p>Name (Corporate name should be same as recorded by the Secretary of State)</p> <p>Mailing address</p> <p>City State Zip</p> <p>County (physical location) Municipality (physical location)</p> <p>State identification number (AA-County-Municipality-P-Account Number)</p> <p>Federal Employer Identification Number (FEIN)</p> <p><input type="checkbox"/> Check if name or address has changed</p> <p>Owner is:</p> <p style="padding-left: 20px;"><input type="checkbox"/> Corporation <input type="checkbox"/> Partnership</p> <p style="padding-left: 20px;"><input type="checkbox"/> Individual <input type="checkbox"/> Other _____</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Col. 1 Property Type</th> <th style="text-align: center;">Col. 2 Total</th> <th colspan="2" style="text-align: center;">For Dept. Use Only</th> </tr> <tr> <td></td> <td></td> <th style="text-align: center;">Col. 3</th> <th style="text-align: center;">Col. 4</th> </tr> </thead> <tbody> <tr> <td>1. Boats and watercraft from Schedule B</td> <td></td> <td></td> <td style="text-align: center;">(1)</td> </tr> <tr> <td>2. Machinery, tools, patterns and shop equipment from Schedule M</td> <td></td> <td></td> <td rowspan="2" style="vertical-align: top;">Note: New filers must submit an asset listing with this return.</td> </tr> <tr> <td>3. Boilers assessed as personal property from Schedule N</td> <td></td> <td></td> </tr> <tr> <td>4. Total of Lines 2 and 3</td> <td></td> <td></td> <td style="text-align: center;">(2)</td> </tr> <tr> <td>5. Copiers, telephone systems and equipment from Schedule D</td> <td></td> <td></td> <td rowspan="3"></td> </tr> <tr> <td>6. Furniture, fixtures and office equipment from Schedule F</td> <td></td> <td></td> </tr> <tr> <td>7. Leased items from Schedule L</td> <td></td> <td></td> </tr> <tr> <td>8. Total of Lines 5, 6, and 7</td> <td></td> <td></td> <td style="text-align: center;">(3)</td> </tr> <tr> <td>9. Leasehold improvements / Building components from Schedule LI</td> <td></td> <td></td> <td rowspan="2"></td> </tr> <tr> <td>10. Supplies and expensed assets from Schedule S</td> <td></td> <td></td> </tr> <tr> <td>11. Other property from Schedule O</td> <td></td> <td></td> <td></td> </tr> <tr> <td>12. Total of Lines 9, 10, and 11</td> <td></td> <td></td> <td style="text-align: center;">(4A)</td> </tr> <tr> <td>13. Buildings on leased land from Schedule LB</td> <td></td> <td></td> <td style="text-align: center;">(4B)</td> </tr> <tr> <td>14. Total Assessable Add Lines 1, 4, 8, 12, and 13</td> <td></td> <td></td> <td style="text-align: center;">TOT</td> </tr> </tbody> </table>	Col. 1 Property Type	Col. 2 Total	For Dept. Use Only				Col. 3	Col. 4	1. Boats and watercraft from Schedule B			(1)	2. Machinery, tools, patterns and shop equipment from Schedule M			Note: New filers must submit an asset listing with this return.	3. Boilers assessed as personal property from Schedule N			4. Total of Lines 2 and 3			(2)	5. Copiers, telephone systems and equipment from Schedule D				6. Furniture, fixtures and office equipment from Schedule F			7. Leased items from Schedule L			8. Total of Lines 5, 6, and 7			(3)	9. Leasehold improvements / Building components from Schedule LI				10. Supplies and expensed assets from Schedule S			11. Other property from Schedule O				12. Total of Lines 9, 10, and 11			(4A)	13. Buildings on leased land from Schedule LB			(4B)	14. Total Assessable Add Lines 1, 4, 8, 12, and 13			TOT	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">For Department Use Only</th> <th style="text-align: center;">Stamp</th> </tr> </thead> <tbody> <tr> <td colspan="2"> 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: _____ </td> <td rowspan="2"></td> </tr> <tr> <td style="text-align: center;">Initial</td> <td style="text-align: center;">Date</td> </tr> <tr> <td>Log In _____</td> <td>_____</td> <td rowspan="4" style="text-align: center; vertical-align: bottom;">(R. 1-17)</td> </tr> <tr> <td>Preaudit _____</td> <td>_____</td> </tr> <tr> <td>Audit _____</td> <td>_____</td> </tr> <tr> <td>Review _____</td> <td>_____</td> </tr> </tbody> </table>	For Department Use Only		Stamp	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: _____			Initial	Date	Log In _____	_____	(R. 1-17)	Preaudit _____	_____	Audit _____	_____	Review _____	_____
Col. 1 Property Type	Col. 2 Total	For Dept. Use Only																																																																													
		Col. 3	Col. 4																																																																												
1. Boats and watercraft from Schedule B			(1)																																																																												
2. Machinery, tools, patterns and shop equipment from Schedule M			Note: New filers must submit an asset listing with this return.																																																																												
3. Boilers assessed as personal property from Schedule N																																																																															
4. Total of Lines 2 and 3			(2)																																																																												
5. Copiers, telephone systems and equipment from Schedule D																																																																															
6. Furniture, fixtures and office equipment from Schedule F																																																																															
7. Leased items from Schedule L																																																																															
8. Total of Lines 5, 6, and 7			(3)																																																																												
9. Leasehold improvements / Building components from Schedule LI																																																																															
10. Supplies and expensed assets from Schedule S																																																																															
11. Other property from Schedule O																																																																															
12. Total of Lines 9, 10, and 11			(4A)																																																																												
13. Buildings on leased land from Schedule LB			(4B)																																																																												
14. Total Assessable Add Lines 1, 4, 8, 12, and 13			TOT																																																																												
For Department Use Only		Stamp																																																																													
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: _____																																																																															
Initial	Date																																																																														
Log In _____	_____	(R. 1-17)																																																																													
Preaudit _____	_____																																																																														
Audit _____	_____																																																																														
Review _____	_____																																																																														

I, the undersigned, declare under penalties of law that I have personally examined this return and its completed schedules. To the best of my knowledge and belief, this return is true, correct and complete. **Note: Original signature is required unless you are filing electronically.**

Preparer Information			Manufacturer/Owner Information		
Name (please print)	Email		Name (please print)	Email	
Signature	Phone	Ext.	Signature	Phone	Ext.
Firm or title	Date	Fax	Firm or title	Date	Fax

Mail this form to: The district office for the county where the property is located.

Name 1	Name 2
State identification number	Local account number

Situs : Answer the following questions for this location. ([instructions](#))

Property Location	Real Estate Owner Information (if leased)		
Street address	Name		
Do you lease this location? .. <input type="checkbox"/> Yes <input type="checkbox"/> No	Local parcel number (required if not leased)	Street	
If leased, do you own any building on this land? (Sch LB)..... <input type="checkbox"/> Yes <input type="checkbox"/> No	City	State	Zip
If leased, do you own improvements to the buildings? (Sch LI)..... <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone	Ext.	Email

Schedule LB - Buildings on leased land for Situs ([instructions](#))

Col. 1 Building Description	Col. 2 Year Built	Col. 3 Original Cost	Col. 4 Estimated Market Value	For Dept. Use Only
Total (Col.3 total must agree with Sch. Y-P, Line 8, Col. 5. Col. 4 total should be entered on Sch. A, Line 13, Col. 2)				

Schedule LI - Leasehold improvements and building components for Situs ([instructions](#))

Col. 1 Description of Leasehold or Building Component	Col. 2 Taxable as PP	Col.3 Acquisition Year	Col. 4 Original Cost	Col. 5 Index Factor (10-yr)	Col. 6 Indexed Net Value (Col. 4 x Col. 5)	For Dept. Use Only
	<input type="checkbox"/> Yes <input type="checkbox"/> No					
	<input type="checkbox"/> Yes <input type="checkbox"/> No					
	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Total (Col.4 total must agree with Sch. Y-P, Line 6, Col. 5. Col. 6 total should be entered on Sch. A, Line 9, Col. 2)						

Name 1	Name 2
State identification number	Local account number

Report: All machinery, tools, patterns, shop equipment, storage racking, moving equipment and similar items. Include fully depreciated items.

Col. 1 Acquisition Year	Col. 2 Total Original Cost as of Jan. 1, 2016 <i>(Last Year's Col. 4)</i>	Col. 3a Additions (+) Since Jan.1, 2016	Col. 3b Deletions (-) Since Jan. 1, 2016	Col. 4 Net Total Original Cost as of Jan. 1, 2017 <i>(Col. 2 ± Col. 3a & 3b)</i>	Col. 5 Total Original Cost of EXEMPT M&E as of Jan. 1, 2017	Col. 6 Total Original Cost of TAXABLE M&E as of Jan. 1, 2017 <i>(Col. 4 - Col. 5)</i>	Col. 7 Index Factor (10-yr)	Col. 8 Indexed Net Taxable Value <i>(Col. 6 x Col. 7)</i>	For Dept. Use Only
PIP			()				.925		
2016			()				.925		
2015			()				.786		
2014			()				.675		
2013			()				.579		
2012			()				.497		
2011			()				.435		
2010			()				.373		
2009			()				.318		
2008			()				.280		
2007			()				.242		
All prior years			()				.139		
Total			()						

This cost must agree with Sch. Y-P, Line 2, Column 5

This value is entered on Sch. A, Line 2, Column 2

If there is a significant change(s) in one or more acquisition year, explain the change(s). Attach documentation if needed.

Name 1	Name 2
State identification number	Local account number

Report: All boilers assessed as personal property. Include fully depreciated items.

Col. 1 Acquisition Year	Col. 2 Total Original Cost as of Jan. 1, 2016 <i>(Last Year's Col. 4)</i>	Col. 3a Additions (+) Since Jan. 1, 2016	Col. 3b Deletions (-) Since Jan. 1, 2016	Col. 4 Net Total Original Cost as of Jan. 1, 2017 <i>(Col. 2 ± Col. 3a & 3b)</i>	Col. 5 Index Factor (20-yr)	Col. 6 Indexed Net Taxable Value <i>(Col. 4 x Col. 5)</i>	For Dept. Use Only
PIP			()		.963		
2016			()		.963		
2015			()		.890		
2014			()		.832		
2013			()		.777		
2012			()		.726		
2011			()		.691		
2010			()		.645		
2009			()		.597		
2008			()		.573		
2007			()		.539		
2006			()		.512		
2005			()		.486		
2004			()		.461		
2003			()		.426		
2002			()		.394		
2001			()		.365		
2000			()		.339		
1999			()		.315		
1998			()		.292		
1997			()		.269		
All prior years			()		.203		
Total			()				

This cost must agree with Sch. Y-P, Line 3, Column 5

Enter this value on Sch. A, Line 3, Column 2

If there is a significant change(s) in one or more acquisition year, explain the change(s). Attach documentation if needed.

Name 1	Name 2
State identification number	Local account number

Report: Copiers, fax machines used as copiers and office switch boards/telephone systems. Include fully depreciated items.

Col. 1 Acquisition Year	Col. 2 Total Original Cost as of Jan. 1, 2016 <i>(Last Year's Col. 4)</i>	Col. 3a Additions (+) Since Jan. 1, 2016	Col. 3b Deletions (-) Since Jan. 1, 2016	Col. 4 Net Total Original Cost as of Jan. 1, 2017 <i>(Col. 2 ± Col. 3a & 3b)</i>	Col. 5 Total Original Cost of EXEMPT Copiers as of Jan. 1, 2017	Col. 6 Total Original Cost of TAXABLE Equipment as of Jan. 1, 2017 <i>(Col. 4 - Col. 5)</i>	Col. 7 Index Factor (6-yr)	Col. 8 Indexed Net Taxable Value <i>(Col. 6 x Col. 7)</i>	For Dept. Use Only
PIP			()				.875		
2016			()				.875		
2015			()				.656		
2014			()				.497		
2013			()				.376		
2012			()				.285		
2011			()				.220		
All prior years			()				.124		
Total			()						

This cost must agree with Sch. Y-P, Line 4, Column 5

Enter this value on Sch. A, Line 5, Column 2

If there is a significant change(s) in one or more acquisition year, explain the change(s). Attach documentation if needed.

Name 1	Name 2
State identification number	Local account number

Report: All furniture, fixtures and office equipment. Include fully depreciated items.

Col. 1 Acquisition Year	Col. 2 Total Original Cost as of Jan. 1, 2016 <i>(Last Year's Col. 4)</i>	Col. 3a Additions (+) Since Jan. 1, 2016	Col. 3b Deletions (-) Since Jan. 1, 2016	Col. 4 Net Total Original Cost as of Jan. 1, 2017 <i>(Col. 2 ± Col. 3a & 3b)</i>	Col. 5 Index Factor (10-yr)	Col. 6 Indexed Net Taxable Value <i>(Col. 4 x Col. 5)</i>	
							For Dept. Use Only
PIP			()		.925		
2016			()		.925		
2015			()		.786		
2014			()		.675		
2013			()		.579		
2012			()		.497		
2011			()		.435		
2010			()		.373		
2009			()		.318		
2008			()		.280		
2007			()		.242		
All prior years			()		.139		
Total			()				

This cost must agree with
Sch. Y-P, Line 5, Column 5

Enter this value on Sch. A,
Line 6, Column 2

If there is a significant change(s) in one or more acquisition year, explain the change(s). Attach documentation if needed.

Name 1	Name 2
State identification number	Local account number

Report: All taxable items expensed (not capitalized). Include only taxable assets physically located on the property that you have not reported on another schedule.

Note:

- These taxable assets often last longer than one year
- All property is presumed taxable unless it meets the [requirements](#) of an exemption

Part 1 - Supplies

Report: Non-production supplies.

Method of Value Determination <i>(Check box that applies)</i>	<input type="checkbox"/> Physical inventory	<input type="checkbox"/> % of annual expenses	<input type="checkbox"/> Estimated value	<input type="checkbox"/> No supplies
Total value of taxable supplies	\$ _____			

Part 2 - Expensed Taxable Assets

Report: All taxable expensed assets.

<i>Col. 1</i> Basis for Estimated Value	<i>Col. 2</i> Original Cost	<i>Col. 3</i> Value of Expensed Taxable Items
<input type="checkbox"/> Physical inventory <input type="checkbox"/> Estimated value <input type="checkbox"/> No expensed assets		

Total value of taxable supplies plus taxable expensed items \$ _____	For Dept Use Only
---	--------------------------

Enter this value on Sch. A, Line 10, Column 2

Note: These values are not accounted for on Schedule Y-P since supplies are not fixed assets. Expensed items are not capitalized.

Name 1	Name 2
State identification number	Local account number

Report: All items not previously reported on other schedules. Include fully depreciated items.

Col. 1 Property Description <i>(required)</i>	Col. 2 Asset Life	Col. 3 Taxability	Col. 4 Acquisition Year	Col. 5 Original Cost	Col. 6 Index Factor	Col. 7 Indexed Net Taxable Value <i>(Col. 5 x Col. 6)</i>	For Dept. Use Only
	<input type="checkbox"/> 4-yr <input type="checkbox"/> 20-yr <input type="checkbox"/> 10-yr	<input type="checkbox"/> Taxable <input type="checkbox"/> Exempt					
	<input type="checkbox"/> 4-yr <input type="checkbox"/> 20-yr <input type="checkbox"/> 10-yr	<input type="checkbox"/> Taxable <input type="checkbox"/> Exempt					
	<input type="checkbox"/> 4-yr <input type="checkbox"/> 20-yr <input type="checkbox"/> 10-yr	<input type="checkbox"/> Taxable <input type="checkbox"/> Exempt					
	<input type="checkbox"/> 4-yr <input type="checkbox"/> 20-yr <input type="checkbox"/> 10-yr	<input type="checkbox"/> Taxable <input type="checkbox"/> Exempt					
	<input type="checkbox"/> 4-yr <input type="checkbox"/> 20-yr <input type="checkbox"/> 10-yr	<input type="checkbox"/> Taxable <input type="checkbox"/> Exempt					
	<input type="checkbox"/> 4-yr <input type="checkbox"/> 20-yr <input type="checkbox"/> 10-yr	<input type="checkbox"/> Taxable <input type="checkbox"/> Exempt					
	<input type="checkbox"/> 4-yr <input type="checkbox"/> 20-yr <input type="checkbox"/> 10-yr	<input type="checkbox"/> Taxable <input type="checkbox"/> Exempt					
	<input type="checkbox"/> 4-yr <input type="checkbox"/> 20-yr <input type="checkbox"/> 10-yr	<input type="checkbox"/> Taxable <input type="checkbox"/> Exempt					
	<input type="checkbox"/> 4-yr <input type="checkbox"/> 20-yr <input type="checkbox"/> 10-yr	<input type="checkbox"/> Taxable <input type="checkbox"/> Exempt					
Total							

This cost must agree with Sch. Y-P, Line 7, Column 5

Enter this value on Sch. A, Line 11, Column 2

Name 1	Name 2
State identification number	Local account number

Report: Fax machines not used as copiers, computers, software and related electronic data processing equipment. Include fully depreciated items.

Col. 1 Acquisition Year	Col. 2 Total Original Cost as of Jan. 1, 2016 <i>(Last year's Col. 4)</i>	Col. 3a Additions (+) Since Jan. 1, 2016	Col. 3b Deletions (-) Since Jan. 1, 2016	Col. 4 Net Total Original Cost as of Jan. 1, 2017 <i>(Col. 2 ± Col. 3a & 3b)</i>	Col. 5 Total Original Cost of Production Computer Equipment <i>(Col. 4 - Col. 6)</i>	Col. 6 Total Original Cost of Admin. Computers and Faxes	Col. 7 Index Factor (4-yr)	Col. 8 Indexed Value of Admin. Computer Equipment and Faxes <i>(Col. 6 x Col. 7)</i>	For Dept. Use Only
PIP			()				.813		
2016			()				.813		
2015			()				.508		
2014			()				.320		
2013			()				.202		
2012			()				.128		
2011			()				.080		
2010			()				.050		
All prior years			()				.031		
Total			()						

This cost must agree with
Sch. Y-P, Line 9, Column 5

Do not carry this
value forward

If there is a significant change(s) in one or more acquisition year, explain the change(s). Attach documentation if needed.

Name 1	Name 2
State identification number	Local account number

Report: All leased, rented or loaned items **except** computers, software and fax machines. Include capitalized leases.

<i>Col. 1</i> Owner/Lessor Information	<i>Col. 2</i> Equipment Information	<i>Col. 3</i> Lease or Asset Information	<i>Col. 4</i> Cost Information	<i>Col. 5</i> Assessability	<i>Col. 6</i> Estimated Market Value	For Dept. Use Only
Name	Property type	Lease no.	Total original selling price	Capitalized on Schedule?	\$	Cost
Address	Description	Start date (mm/yyyy) /	Acquisition year			Method of valuation
City, State, Zip	Brand name Model no.	Term (years)	Total current selling price used	Exempt M&E <input type="checkbox"/> Yes <input type="checkbox"/> No		Factor
Phone Ext.	Total quantity Serial no.	Total gross annual rent				\$
Name	Property type	Lease no.	Total original selling price	Capitalized on Schedule?	\$	Cost
Address	Description	Start date (mm/yyyy) /	Acquisition year			Method of valuation
City, State, Zip	Brand name Model no.	Term (years)	Total current selling price used	Exempt M&E <input type="checkbox"/> Yes <input type="checkbox"/> No		Factor
Phone Ext.	Total quantity Serial no.	Total gross annual rent				\$
Name	Property type	Lease no.	Total original selling price	Capitalized on Schedule?	\$	Cost
Address	Description	Start date (mm/yyyy) /	Acquisition year			Method of valuation
City, State, Zip	Brand name Model no.	Term (years)	Total current selling price used	Exempt M&E <input type="checkbox"/> Yes <input type="checkbox"/> No		Factor
Phone Ext.	Total quantity Serial no.	Total gross annual rent				\$
Name	Property type	Lease no.	Total original selling price	Capitalized on Schedule?	\$	Cost
Address	Description	Start date (mm/yyyy) /	Acquisition year			Method of valuation
City, State, Zip	Brand name Model no.	Term (years)	Total current selling price used	Exempt M&E <input type="checkbox"/> Yes <input type="checkbox"/> No		Factor
Phone Ext.	Total quantity Serial no.	Total gross annual rent				\$
Page Total (Estimated market value of taxable items)						
Total of all pages (If you completed more than one page, enter the total of all pages)						

Note: DOR will cross-check this Schedule with reports filed by lessors (M-L Forms).

Enter this value on
Sch. A, Line 7, Column 2

Name 1	Name 2
State identification number	Local account number

Report: All leased, rented or loaned fax machines, computers, software and related electronic data processing equipment. Include capitalized leases.

Col. 1 Owner/Lessor Information	Col. 2 Equipment Information	Col. 3 Lease or Asset Information	Col. 4 Cost Information	Col. 5 Assessability	Col. 6 Estimated Market Value	For Dept. Use Only
Name	Property type	Lease no.	Total original selling price	Capitalized on Schedule?	\$	Cost
Address	Description	Start date (mm/yyyy) /	Acquisition year			Method of valuation
City, State, Zip	Brand name Model no.	Term (years)	Total current selling price used	Exempt M&E <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Exempt under sec. 70.11(39) or (39m)	Factor
Phone Ext.	Total quantity Serial no.	Total gross annual rent				\$
Name	Property type	Lease no.	Total original selling price	Capitalized on Schedule?	\$	Cost
Address	Description	Start date (mm/yyyy) /	Acquisition year			Method of valuation
City, State, Zip	Brand name Model no.	Term (years)	Total current selling price used	Exempt M&E <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Exempt under sec. 70.11(39) or (39m)	Factor
Phone Ext.	Total quantity Serial no.	Total gross annual rent				\$
Name	Property type	Lease no.	Total original selling price	Capitalized on Schedule?	\$	Cost
Address	Description	Start date (mm/yyyy) /	Acquisition year			Method of valuation
City, State, Zip	Brand name Model no.	Term (years)	Total current selling price used	Exempt M&E <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Exempt under sec. 70.11(39) or (39m)	Factor
Phone Ext.	Total quantity Serial no.	Total gross annual rent				\$
Name	Property type	Lease no.	Total original selling price	Capitalized on Schedule?	\$	Cost
Address	Description	Start date (mm/yyyy) /	Acquisition year			Method of valuation
City, State, Zip	Brand name Model no.	Term (years)	Total current selling price used	Exempt M&E <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Exempt under sec. 70.11(39) or (39m)	Factor
Phone Ext.	Total quantity Serial no.	Total gross annual rent				\$
Page Total (Estimated market value of taxable items)						
Total of all pages (If you completed more than one page, enter the total of all pages)						

Note: DOR will cross-check this Schedule with reports filed by lessors (M-L Forms).

Do not carry this value forward

Name 1	Name 2
State identification number	Local account number

Part 1 – Total Personal Property Original Costs From Your Accounting Records

Col. 1 Property Type	Schedule	Enter numbers in Col. 4 <i>without</i> a negative (-) sign.			
		Col. 2 Balance Jan. 1, 2016	Col. 3 Additions during 2016	Col. 4 Deletions during 2016	Col. 5 Balance Jan. 1, 2017
1. Boats and watercraft	B			()	
2. Machinery, tools and patterns	M			()	
3. Boilers	N			()	
4. Copiers and telephone systems	D			()	
5. Furniture, fixtures, office equipment	F			()	
6. Leasehold improvements/Bldg. components	LI			()	
7. All other property	O			()	
8. Buildings on leased land	LB			()	
9. Computers, software and faxes	C			()	
10. Vehicles (over-the-road)				()	
11. Waste treatment – PP only				()	
12. Total of Lines 1 - 11				()	

Part 2 – Classify Items as Real Estate or Personal Property			
To help prevent double assessments. <i>(Check the appropriate box for each item listed below)</i>	Reported as RE (M-R Form)	Reported as PP (M-P Form)	Not Applicable
Normally Assessed as Real Estate (RE)	RE	PP	N/A
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			
Normally Assessed as Personal Property (PP)	RE	PP	N/A
Process boilers (taxable PP unless exempt as WT) Report on Schedule N			
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			