

2026 BUSINESS PERSONAL PROPERTY DECLARATION FORM

HARPSWELL, MAINE
DUE DATE: 04/01/2026
FY 2026

This form must be submitted to the Assessor **by April 1st**. Please declare your true and perfect list of all business personal property you own, or are in possession of, as of April 1st 2026, pursuant to Title 36, MRS §601, 706-A. Not returning this information could bar any chance for abatement appeal under Title 36, MRS §841.

Business Name:	_____		
Mailing Address:	_____	Physical Location:	_____
Email Address:	_____	Type Of Business:	_____
Contact Name:	_____	Phone Number:	_____

Businesses, Home Occupations, Manufacturers, and Contractors — Please submit a complete and itemized listing of all signage, furniture, computers, machinery, supplies, and equipment used in your business as of April 1, 2026. Note that any leased items will be assessed to the lessor unless there is a specific agreement stating that you are responsible for the property tax. **Please refer to the Leased section on the reverse side.**

BETE – Business Equipment Tax Exemption: (Bulletin #28) This program requires an exemption application to be filed **annually** with the Assessor. The **BETE** program offers a 100% property tax exemption for eligible property that was purchased after April 1, 2007. Read the form instructions to determine item eligibility. (Salmon form)

BETR – Business Equipment Tax Reimbursement: (Bulletin #27) The **BETR** program is designed reimburse you for the business personal property taxes paid on equipment acquired after April 1, 1995. You must complete Form 800 for the State by December 31.

For more information and to access applications for both programs, please visit www.maine.gov/revenue/taxes/tax-relief-credits-programs/property-tax-relief-programs/business-equipmnet-tax-programs. Be sure to read the bulletins to determine your eligibility for each program.

DID YOU MOVE? YES NO **GO OUT OF BUSINESS?** YES NO

If you've moved, is the business still located in Harpswell as of **April 1, 2026?** YES NO

Provide effective date of closure and the reason. **EFFECTIVE DATE:** _____

REASON: _____

DID YOUR MAILING ADDRESS CHANGE? YES NO

If yes, please provide the new mailing address:

NEW MAILING ADDRESS: _____

I HEREBY CERTIFY THAT THIS FORM, TOGETHER WITH ANY ACCOMPANYING INFORMATION, TO THE BEST OF MY KNOWLEDGE AND BELIEF, IS A FULL, TRUE, AND PERFECT LIST OF ALL TAXABLE PERSONAL PROPERTY OWNED BY ME OR IN MY POSSESSION AS OF APRIL 1. UNSIGNED FORMS MAY BE RETURNED FOR COMPLETION.

NAME: _____ **TITLE:** _____

SIGNATURE: _____ **DATE:** _____

FAILURE TO FILE A FORM WILL RESULT IN AN ESTIMATION OF VALUE AND MAY BAR YOUR RIGHT TO AN ABATEMENT OR APPEAL

BUSINESS EQUIPMENT LISTING

List Additions and Deletions below

Check if **NO CHANGE** from last year

**ITEM TYPES: F – Furniture M – Machinery
E – Electronics O – Other**

ITEM TYPE	ITEM DESCRIPTION	QTY	DATE ACQUIRED (MM/YY)	ORIGINAL NEW COST	NEW OR USED
Additions					

ITEM TYPE	ITEM DESCRIPTION	QTY	DATE ACQUIRED (MM/YY)	ORIGINAL NEW COST	DATE DISPOSED (MM/YY)
Deletions					

Leasing Companies – Please submit a complete list of all items leased to businesses located in Harpswell as of April 1, 2026. Additionally, provide written verification if there is an agreement with the lessee that designates them as responsible for the property tax. For each item, include the following information: the business name, the type of equipment, the year it was purchased, its original value, and its physical location.

LEASED PERSONAL PROPERTY AS OF APRIL 1ST

Please check the box that applies to your leased personal property:

- My business is responsible for paying the taxes on the FOLLOWING leased business personal property.
- The Lessor is responsible for paying taxes on the FOLLOWING leased business personal property.

1. LEASED ITEM: _____ **LEASING COMPANY:** _____

COMPANY MAILING ADDRESS: _____

TELEPHONE NUMBER: _____ **NAME OF CONTACT PERSON:** _____

ORIGINAL COST: _____ **MONTHLY PAYMENT:** _____

2. LEASED ITEM: _____ **LEASING COMPANY:** _____

COMPANY MAILING ADDRESS: _____

TELEPHONE NUMBER: _____ **NAME OF CONTACT PERSON:** _____

ORIGINAL COST: _____ **MONTHLY PAYMENT:** _____

