

Address Service Requested

## FORM

# M-R

ASSESSMENT DATE AS OF: JANUARY 1, 2007  
DUE DATE: MARCH 1, 2007

## WISCONSIN MANUFACTURING REAL ESTATE RETURN

## 2007

### IMPORTANT NOTICE ON AVOIDING PENALTIES

Submitting assessment information in a format other than those prescribed by the Department of Revenue **will not** be considered a timely filing. Using alternate formats will result in late or non-filing penalties if the proper forms are not received by the Department on or before March 1 of the current filing year.

**INTERNET FILING – NEW FOR 2007** – Electronic filing for the M-R is now available. The electronic M-R is easy to use and provides immediate confirmation of receipt. You may also file for extensions electronically. For information on the authorization process or to file this form electronically go to [www.revenue.wi.gov/forms/manuf/m-forms.html](http://www.revenue.wi.gov/forms/manuf/m-forms.html).

**REPORTING REQUIREMENTS** – Use this form, the 2007 Manufacturing Real Estate Return (M-R), to comply with section 70.995(12) of the Wisconsin Statutes. This statute requires an annual filing of this prescribed form by owners of real estate classified as manufacturing property for property tax purposes, whether owner-occupied or tenant-occupied. If you do not file this form you will receive a filing penalty and lose the right to appeal your assessment. Please discard unused schedules instead of returning them with your completed forms. **DO NOT COMBINE INFORMATION FROM OTHER PARCELS ON THIS FORM.** Faxed copies of the return are not acceptable because we must have the original signature.

**INTERNET FORMS** – An electronic version of this form (“\*.pdf”) may be downloaded from the Department of Revenue web site at [www.revenue.wi.gov/forms/manuf/index.html](http://www.revenue.wi.gov/forms/manuf/index.html). When submitting a printed copy of the M-R, be sure to affix the preprinted mailing label from the M-R booklet you received in the mail (see page 3).

**NEW MANUFACTURER** – If you are seeking manufacturing classification for property tax for the first time, you **MUST** contact the Department of Revenue in writing prior to March 1, 2007 to request this classification. Your request must be postmarked or received on or before March 1. The address of the Manufacturing & Utility Section Office in your area is shown on page 2 of this booklet.

**IF YOU SOLD THIS REAL ESTATE PRIOR TO JANUARY 1, 2007**, please write the new owner's name and address in the space provided below and return this page with mailing label intact to the Manufacturing & Utility Section Office in your area. Addresses are shown on page 2 of this booklet. If you sold this real estate **after** January 1, 2007, attach a note with your completed return identifying the new owner's name, address, phone number and the date of sale.

Name		Telephone Number	
Street		PO Box	
City		State	Zip
Date of Sale	Purchase Price		



## Addresses of Manufacturing & Utility Section Offices Wisconsin Department of Revenue

(Mail the completed return to the appropriate office listed below.)

Lake Winnebago District – Area 75  
Manufacturing & Utility Section Office  
845 South Main Street, Suite 140  
**Fond du Lac, WI 54935-6116**  
Phone: 920-929-2962  
Fax: 920-929-7202  
Email Extension requests or questions:  
mfgtel75@dor.state.wi.us

Southern District – Area 76  
Manufacturing & Utility Section Office  
Mailing Address: PO Box 8909  
**Madison, WI 53708-8909**  
Street Address: 2135 Rimrock Road, Mail Drop 3-424  
**Madison, WI 53713-1443**  
Phone: 608-267-2163  
Fax: 608-267-1355  
Email Extension requests or questions:  
mfgtel76@dor.state.wi.us

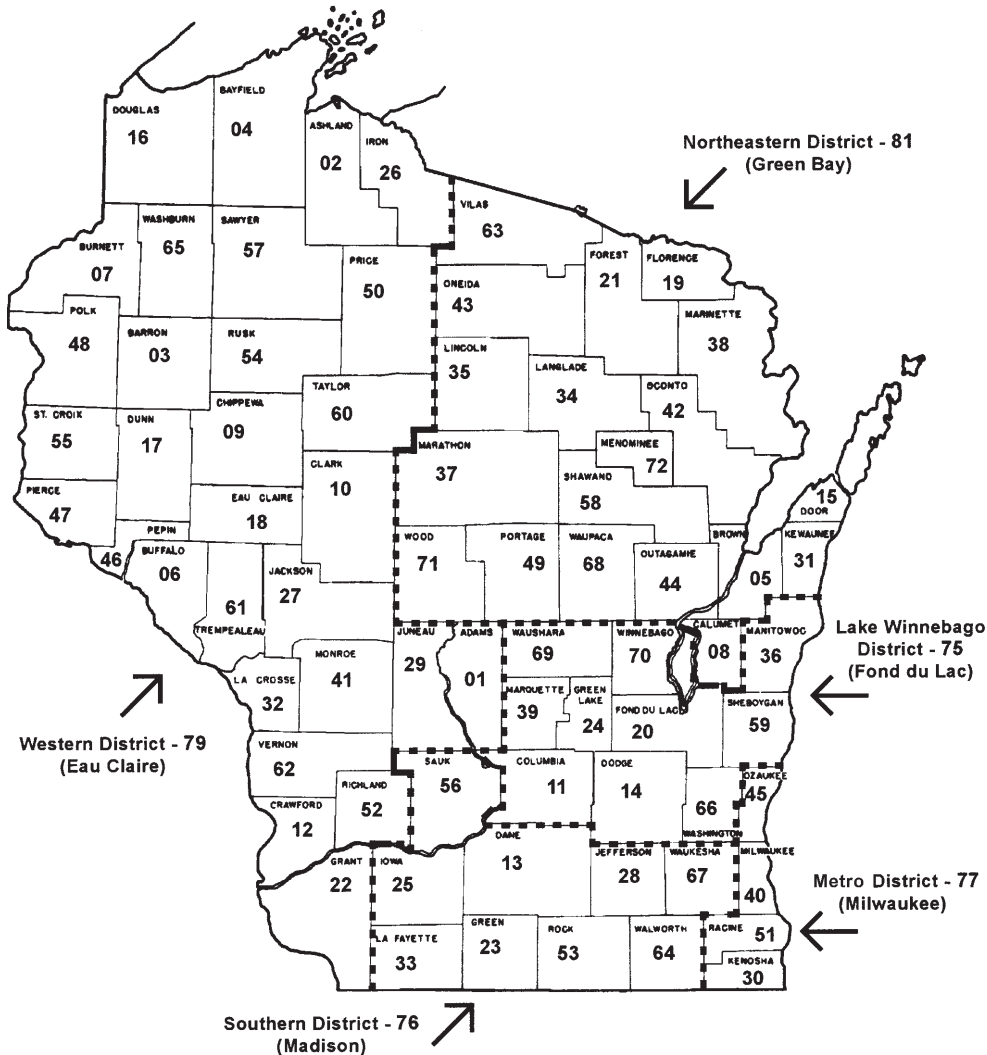
Metro District – Area 77  
Manufacturing & Utility Section Office  
Rm. 530 State Office Building  
819 North 6th Street  
**Milwaukee, WI 53203-1610**  
Phone: 414-227-4456  
Fax: 414-227-4095  
Email Extension requests or questions:  
mfgtel77@dor.state.wi.us

Western District – Area 79  
Manufacturing & Utility Section Office  
707 South Barstow  
**Eau Claire, WI 54701-3894**  
Phone: 715-836-4925  
Fax: 715-836-6690  
Email Extension requests or questions:  
mfgtel79@dor.state.wi.us

Northeastern District – Area 81  
Manufacturing & Utility Section Office  
200 N. Jefferson Street, Suite 626  
**Green Bay, WI 54301-5190**  
Phone: 920-448-5191  
Fax: 920-448-5210  
Email Extension requests or questions:  
mfgtel81@dor.state.wi.us

### Alphabetical List of the Wisconsin Counties

County Code	County Name	District Office Code
01	ADAMS	79
02	ASHLAND	79
03	BARRON	79
04	BAYFIELD	79
05	BROWN	81
06	BUFFALO	79
07	BURNETT	79
08	CALUMET	81
09	CHIPPewa	79
10	CLARK	79
11	COLUMBIA	75
12	CRAWFORD	79
13	DANE	76
14	DODGE	75
15	DOOR	81
16	DOUGLAS	79
17	DUNN	79
18	EAU CLAIRE	79
19	FLORENCE	81
20	FOND DU LAC	75
21	FOREST	81
22	GRANT	79
23	GREEN	76
24	GREEN LAKE	75
25	IOWA	76
26	IRON	79
27	JACKSON	79
28	JEFFERSON	76
29	JUNEAU	79
30	KENOSHA	77
31	KEWAUNEE	81
32	LA CROSSE	79
33	LAFAYETTE	76
34	LANGLADE	81
35	LINCOLN	81
36	MANITOWOC	75
37	MARATHON	81
38	MARINETTE	81
39	MARQUETTE	75
40	MILWAUKEE	77
41	MONROE	79
42	OCONTO	81
43	ONEIDA	81
44	OUTAGAMIE	81
45	OZAUKEE	77
46	PEPIN	79
47	PIERCE	79
48	POLK	79
49	PORTAGE	81
50	PRICE	79
51	RACINE	77
52	RICHLAND	79
53	ROCK	76
54	RUSK	79
55	ST CROIX	79
56	SAUK	76
57	SAWYER	79
58	SHAWANO	81
59	SHEBOYGAN	75
60	TAYLOR	79
61	TREMPEALEAU	79
62	VERNON	79
63	VILAS	81
64	WALWORTH	76
65	WASHBURN	79
66	WASHINGTON	75
67	WAUKESHA	76
68	WAUPACA	81
69	WAUSHARA	75
70	WINNEBAGO	75
71	WOOD	81
72	MENOMINEE	81



## GENERAL INSTRUCTIONS

**DUE DATE** – The form must be postmarked or received at the appropriate Manufacturing & Utility Section Office listed on Page 2 on or before March 1, 2007.

### STEPS FOR COMPLETING THE M-R RETURN

WE STRONGLY SUGGEST YOU COMPLETE THIS RETURN IN THE FOLLOWING SEQUENCE. LEAVE ALL SHADED AREAS BLANK.

#### Step    Schedule    Page

- |     |             |   |
|-----|-------------|---|
| 1   | 5           | Place the label in the top box after making necessary corrections. Please be sure computer number is showing.   |
| 2   | 5           | Complete the location information.  |
| 3   | 5           | Answer the questions regarding occupancy, use, sales, etc.  |
| 4   | R-5      12 | Complete this schedule if the property is leased.   |
| 5   | R-6      12 | Complete this schedule if the property is Waste Treatment.  |
| 6   | Y-R      6  | List the total capitalized (not depreciated) cost of this real estate as of January 1, 2006 and January 1, 2007. Then, list the additions and deletions during 2006. This MUST AGREE WITH YOUR ACCOUNTING RECORDS FOR THIS PROPERTY.  |
| 7   | 6           | Complete the bottom of Schedule Y-R. This helps us prevent double assessments of building components you capitalized and reported as personal property.   |
| 8   | B      5    | Answer the "NO CHANGES" question if applicable. If NO CHANGES, go to step 10.   |
| 9   |             | <p>Explain the additions and deletions you listed on Schedule Y-R by completing detail Schedules R-1, R-2, R-3, R-4, and R-6.</p> <p><b>IMPORTANT: ALL ADDITIONS AND DELETIONS REPORTED ON Y-R MUST BE EXPLAINED ON A DETAIL SCHEDULE EXCEPT:</b></p> <p>1. Land costs and size (explain on page 6 or attach note.)</p> |
| R-1 | 7,8 & 9     | Report any new construction including construction not complete.  |
| R-2 | 10          | Report any remodeling.  |
| R-3 | 11          | Report any demolition by you or by acts of nature.  |
| R-4 | 11          | Report any additions to the land improvements.  |
| 10  | B      5    | Complete Schedule B using values determined in step 9.  |
| 11  | 5           | Sign the completed return and make a copy for yourself.   |
| 12  |             | <p>Mail us the original completed return by due date, only completed schedules need to be included. See due date above and mailing address on page 2. Staple the return in the upper left corner. <b>Faxed copies of the return are not acceptable because an original signature is required.</b></p>                   |

### WHERE TO FILE YOUR RETURN

Electronically filed returns are accessed by the appropriate District Office. If you file a paper return, mail your completed **original** return to the Wisconsin Department of Revenue, Manufacturing & Utility Section Office, serving the area in which the property is located. Faxed copies of the return are not acceptable because an original signature is required for paper returns. **We cannot accept faxes or copies of the signature.**

### ASSESSMENT DATE

This form is used to arrive at the value of your real estate as of the close of January 1, 2007.

### EXTENSION REQUESTS

The law grants one filing extension to April 2, 2007 if your request meets all of the following requirements:

- It must be **filed electronically, e-mailed, sent by first class mail, or faxed** (postmarked or received) on or before March 1, 2007 (**one day late is denied**).
- File an electronic extension for the M-P and M-R at [www.revenue.wi.gov/forms/manuf/m-forms.html](http://www.revenue.wi.gov/forms/manuf/m-forms.html). Authorization information is also available at this site.
- If not filed electronically, an extension request must be in writing (not by telephone).
- Send your written request to the Manufacturing & Utility Section Office serving the area in which the property is located, marked "Attn: Extensions". Refer to the Extension email address on page 2 for the appropriate district office.
- You must include a list of all computer numbers (both real estate and personal property) for a manufacturer: e.g. 76-13-251-R012345.
- Accountants must send a separate request for each manufacturer client.

Timely filed electronic extensions are acknowledged immediately on screen. If you want proof of mailing, we recommend obtaining a USPS certificate of mailing, a delivery service or email. We will not send an acknowledgment of the extension requests received. Failure to file a complete return by the due date or extension date will result in a filing penalty.

### FILING PENALTY

The statutes require the Department of Revenue to assess a filing penalty if this return is not filed, filed late or not filed completely. This form is not considered properly or timely filed unless the return contains completed pages 5 and 6 plus all completed schedules and is filed on Department of Revenue forms.

*(continued on next page)*

### THE MAILING LABEL

Peel off the label from the front of this booklet and place it in the address area on page 5 of the return you will be submitting. If the name or address is in error or has changed, draw a line through the incorrect information and print the correct information directly above or below the error.

**IMPORTANT: IF YOU HAVE A POST OFFICE BOX AND IT IS NOT SHOWN, PLEASE WRITE IT ON THE MAILING LABEL (OR NEARBY) AND MAKE CERTAIN THE PROPER ZIP CODE IS SHOWN.**

The label information includes:

Line 1	Name of the municipality where real estate is located.
Line 2	The computer number followed by the local parcel number.
Line 3 & 4	Legal owner of the property per county records
Line 5-7	Mailing address

### EXEMPTION OF WASTE TREATMENT PROPERTY

Sec. 70.11(21)(a), Wis. Stats., provides for the exemption of property purchased or constructed as a waste treatment facility. Costs associated with items that qualify for waste treatment exemption under Section 70.11(21) must be reported on line 7, part 1 of Schedule Y-R on page 6. Also refer to Question 5, page 5 for further details.

All new exemption or reporting changes (previously exempt property that is retired, replaced, disposed of, moved, sold, or no longer used) must be reported on Schedule R-6, page 12.

**WARNING** If you utilize any mailing method which does not affix a clear date stamp to the mailing envelope, **we must receive your mailing on or before the due date.** Please be sure to mail your form(s) well in-advance of the due date to be certain that DOR will receive them in a timely manner.

### ANNUAL ASSESSMENT SEQUENCE FOR 2007

<b>January 1</b> . . . . .	Assessment date. The assessment is based on your real estate as of that date. Please report accordingly.
<b>March 1</b> . . . . .	Last day to request an extension. See instructions on page 3.
<b>March 1</b> . . . . .	M-R form <b>due if you have not</b> requested a filing extension.
<b>April 2</b> . . . . .	M-R form <b>due if you have</b> timely requested a filing extension.
<b>April, May, June</b> . . .	Mailing of assessment notices. Please call if you have not received the notice by the end of June. Your local municipal clerk also receives a copy of the notice. Penalty notices (if applicable) are mailed at the same time as the assessment notices and penalty payments are due to the department within 30 days.
<b>Next 60 days</b> . . . . .	Appeal period. You and the municipality each have the right to appeal the assessment within 60 days of the issuance date on the notice. Penalties may also be appealed.
<b>Oct. &amp; Nov.</b> . . . . .	The fair market assessment is equated to the same level of assessment as all other property in the municipality. Then an "equated" assessment roll is sent to the municipal clerk, who prepares the tax bill.
<b>Dec., Jan., etc.</b> . . . .	The real estate owner pays the tax bill to the local municipal treasurer.

### Comments / Suggestions

We appreciate your comments and suggestions on forms. Please submit them with your return.

**FORM  
M-R****WISCONSIN  
MANUFACTURING REAL ESTATE RETURN  
ASSESSMENT DATE JANUARY 1, 2007****2007**PLEASE SEE  
INSTRUCTIONS  
and follow sequence  
of completion on  
page 3.

PLACE LABEL HERE

Computer Number \_ \_ | \_ \_ | \_ \_ | R | \_ \_ \_ \_ \_ | \_ \_ \_ \_ \_

SIC Code

Name

Street

PO Box

City

State

Zip

**DUE DATE  
March 1, 2007**

THIS PROPERTY IS LOCATED IN THE

☐ Town ☐ Village ☐ City

of

Municipality: \_\_\_\_\_

County: \_\_\_\_\_

Street Address: \_\_\_\_\_

**FOR DEPARTMENT USE ONLY****PENALTY**☐ 10 days or less ☐ 31+ days☐ 11-30 days ☐ CancelExtension: ☐ Yes

Date of Mailing \_\_\_\_\_

Type \_\_\_\_\_

Initial Date

Log In \_\_\_\_\_

Preaudit \_\_\_\_\_

Audit \_\_\_\_\_

Review \_\_\_\_\_

Stamp

(R. 10-06)

1. Is this property VACATED/NON-OPERATING? ☐ Yes ☐ No If vacant, what percent is vacant? \_\_\_\_\_ %  
(Circle most appropriate description.)
2. During the last two years, did you (BUY), (SELL), or (LIST/OFFER FOR SALE) - **this property**? ☐ Yes ☐ No  
If Yes, circle one of the above and give the date and price. Date \_\_\_\_\_ \$ \_\_\_\_\_
3. Has there been an appraisal made on this property for any purpose since January 1, 2006? ☐ Yes ☐ No  
If Yes, give the date and value; please attach a complete copy. Date \_\_\_\_\_ \$ \_\_\_\_\_
4. Is any portion(s) of this real estate (land, land improvements, or structures) used for waste treatment of air or water pollution? **If yes**, see page 12, schedule R-6. ☐ Yes ☐ No

**SCHEDULE B – SUMMARY OF ALL REAL ESTATE CHANGES AS OF JANUARY 1, 2007**CHECK THIS BOX IF ABSOLUTELY NO REAL ESTATE CHANGES TO THIS PARCEL HAVE OCCURRED SINCE JANUARY 1, 2006 (SCHEDULE Y-R MUST STILL BE COMPLETED) } ☐ **NO CHANGES****NOTE: PARTIAL CONSTRUCTION MUST BE REPORTED.**

CHANGES – COMPLETE PROPER SCHEDULES	DECLARED VALUE	LEAVE BLANK
1. New Construction (from Schedule R-1)	\$	
2. Remodeling (from Schedule R-2)	\$	
3. Demolitions (from Schedule R-3)	\$	
4. Land Improvements (from Schedule R-4)	\$	

I, the undersigned, declare under penalties of law that I have personally examined this return and completed schedules. To the best of my knowledge and belief it is true, correct and complete. **NOTE: Original signature is required.**Mail this  
completed  
return to the  
appropriate  
District Office  
listed on  
page 2.

<b>PREPARER SIGN HERE</b>	Please Print Name		Email	
	Signature		Telephone Number EXT.#	
	Firm or Title		Date	
<b>MANUF/ OWNER SIGN HERE</b>	Please Print Name		Email	
	Signature		Telephone Number EXT.#	
	Firm or Title		Date	

## SCHEDULE Y-R SUMMARY OF ACCOUNTING RECORDS

**WHAT TO REPORT:**

All real estate accounts for **this** parcel are summarized and reported here.

**INCLUDE:** Everything just as it appears on your accounting records, including construction in progress.

Building and building components that are exempt under s. 70.11(27) as manufacturing machinery and equipment should be reported on line 7 - Other.

\* Building components normally assessed as real estate (heating, lighting, plumbing, remodeling, office finish, land improvements, etc.) which you have capitalized as personal property because of investment tax credit or other considerations. The building components should be reported on Form M-P, Schedule LI.

\*\* See Schedule R-6 on page 12 if a change occurred.

**HOW TO REPORT:**

Col. 2: Enter your balance as of Jan. 1 last year. Refer to last year's Schedule Y-R, Column 5.

Col. 3: Enter the costs of additions from Jan. 1, 2006 to Jan. 1, 2007. Note: if you have additions, you must complete the appropriate schedule; Schedule R-1 for New Construction, Schedule R-2 for Remodeling, Schedule R-4 for Land Improvements, Schedule R-6 for Waste Treatment property.

Col. 4: Enter the costs of deletions from Jan. 1, 2006 to Jan. 1, 2007 and complete Schedule R-3 Demolitions.

Col. 5: Compute the net amount and enter it in Column 5. Column 5 should reflect your accounting records of your real estate on January 1, 2007. Please explain any differences.

Computer Number	R
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### PART 1 TOTAL REAL ESTATE ORIGINAL COSTS FROM YOUR ACCOUNTING RECORDS

(column 1) PROPERTY TYPE OR ACCOUNT	(column 2) Balance 01-01-2006	(column 3) Additions During 2006	(column 4) Deletions During 2006	(column 5) Balance 01-01-2007
1. Land Cost			(            )	
2. Land Improvement Cost			(            )	
3. Building(s) Cost			(            )	
4. Building Components Cost*			(            )	
5. Construction in Progress Costs (real estate only)			(            )	
6. Waste Treatment Costs (RE only)**			(            )	
7. Other:			(            )	
<b>TOTAL (Rows 1-7)</b>			(            )	
	01-01-2006	Additions During 2006	Deletions During 2006	01-01-2007
Land Size (Acres or S.F.)			(            )	

### PART 2 CLASSIFY ITEMS AS REAL ESTATE OR PERSONAL PROPERTY

HELP PREVENT DOUBLE ASSESSMENTS. Check the appropriate box for the items listed.

RE = Real Estate			
NORMALLY ASSESSED AS 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:			

PP=Personal Property

NORMALLY ASSESSED AS 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:			



**SCHEDULE R-1, PART 1 – NEW CONSTRUCTION**

Name									
Computer Number									
						R			

**WHAT TO REPORT:**

This schedule must be completed for each separate new building or addition. Its purpose is to clarify the nature of your new construction, and reduce the possibility of an erroneous assessment.

**EXCLUDE:**

Remodeling to existing buildings. Remodeling should be reported on Schedule R-2, Page 10.

Is new construction a (FREE STANDING BUILDING) or an (ADDITION TO AN EXISTING STRUCTURE)?

*Circle the most appropriate description.*

What is the **TOTAL** floor area of the new construction? ..... **SF**

What is the **GROUND** floor area of the new construction? ..... **SF**

What is the predominant building **HEIGHT** of the new construction? ..... **FT**

<b>STRUCTURE TYPE</b>	<input type="checkbox"/> Office ____ %	<input type="checkbox"/> Production ____ %	<input type="checkbox"/> Whse ____ %
<b>FOUNDATION</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>BASEMENT</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>INSULATION</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>FRAMING</b>	<input type="checkbox"/> Masonry	<input type="checkbox"/> Wood Post	<input type="checkbox"/> Steel (Structural)
	<input type="checkbox"/> Reinf. Concrete	<input type="checkbox"/> Wood Pole	<input type="checkbox"/> Pre-Engineered Steel (Butler type)
<b>EXTERIOR WALL</b> (Predominant Material)	<input type="checkbox"/> Conc. Block (Plain)	<input type="checkbox"/> Split-Face Block	<input type="checkbox"/> Tilt-Up Concrete
	<input type="checkbox"/> Metal	<input type="checkbox"/> Wood	<input type="checkbox"/> Other _____
<b>POWER</b>	<input type="checkbox"/> 220 Volt	<input type="checkbox"/> 440 Volt	<input type="checkbox"/> 880 Volt <input type="checkbox"/> None
<b>PLUMBING</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>HEATING</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Bldg. Area Heated _____%
<b>AIR CONDITIONING</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Bldg Area Cooled _____%
<b>FIRE PROTECTION</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Bldg Area Sprinkled _____%

**FINISHED AREA**

Floor area of (finished) office space ..... **SF**

Floor area of other finished areas (i.e., computer rooms, R & D labs, lunch rooms, etc.) ..... **SF**

Floor area of finished production space (i.e., food preparation areas) ..... **SF**

**MISCELLANEOUS**

Other significant building components not included above (i.e., elevators, ramps, docks, special electrical service, additional foundations, etc.)

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## NEW CONSTRUCTION BUILDING SKETCH

Name

Computer Number

R

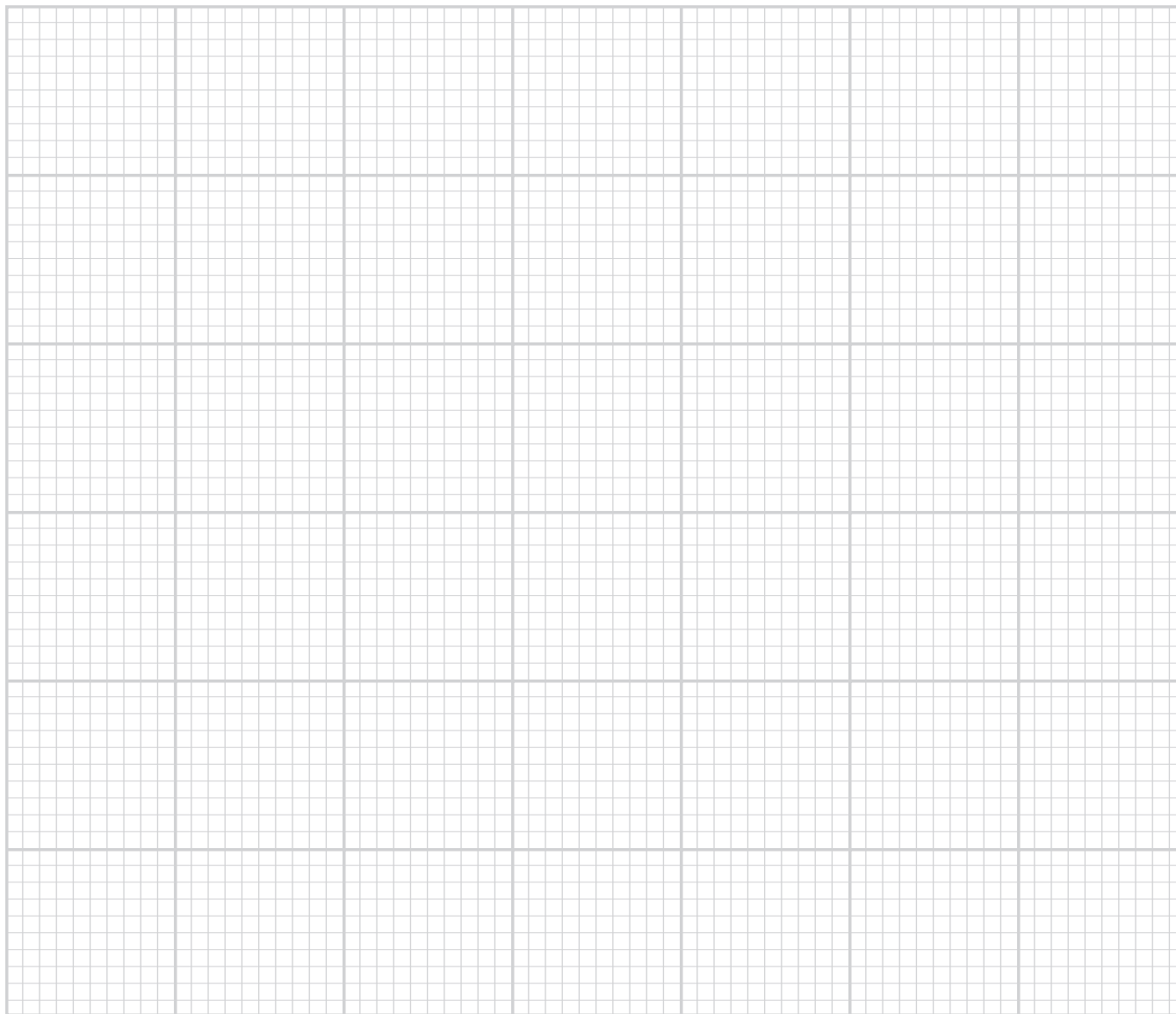
### WHAT TO REPORT:

Include construction begun and/or completed between January 1, 2006 and January 1, 2007. Indicate on building sketch the relationship of this structure to existing buildings. Be sure to include partial construction not reported in last year's report.

### NOTE:

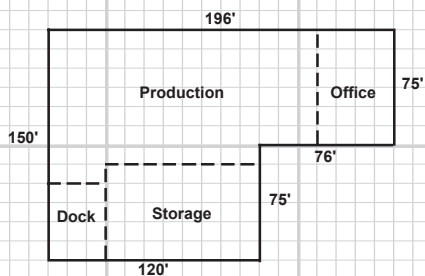
If blueprints or drawings are available concerning new construction, you may submit them in lieu of completing the sketch. You are encouraged to add supplemental pages, drawings or photographs to help describe the new construction.

Scale: 1" = \_\_\_\_\_ Ft.



EXAMPLE:

Scale 1" = 100'



- 1) Outline bldg. dimensions to scale & label measurements.
- 2) Outline interior partitions and identify area's use.

Computations & Other Pertinent Data:

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## SCHEDULE R-1, PART 2 – NEW CONSTRUCTION COSTS

Name									
Computer Number									
						R			

Complete schedule or send us copies of contract or billings.

### WHAT TO REPORT:

List your expected (or actual if complete) construction costs.

### EXCLUDE:

Remodeling, Demolition and Land Improvement and Waste Treatment costs. These costs are reported on Schedule R-2, R-3, R-4, and R-6, Pages 10-12. Also exclude cost not paid by you.

### GUIDELINES FOR REPORTING COSTS

**SITE PREPARATION:** Costs incurred in preparing site for use such as: clearing, excavating, and grading.

**SUPERSTRUCTURE** (i.e., CONCRETE/MASONRY WORK, FRAMING, WALLS, ROOF, INSULATION AND STRUCTURAL FLOORS)

**ELECTRICAL:** Costs of the lighting, power, and electrical systems.

**PLUMBING:** Cost of the plumbing system.

**SPRINKLER SYSTEM:** Cost incurred for sprinkler fire protection system. Please report the cost of a chemical fire protection system on line 9 or 10.

**HVAC:** Costs incurred for the heating, ventilating and air conditioning systems.

**FINISH:** Costs incurred for interior partitions, and finish to floors, walls and ceilings.

**START UP COSTS:** Overhead costs not directly associated with any specific building component such as architect fees, permits, interest (if capitalized), legal fees, etc.

**OTHER:** Costs of other building items such as cranes, craneways, elevators, security system, dock levelers, mezzanines, exterior facings, etc.

- ☐ Acted as own general contractor
- ☐ Hired general contractor

1	Site preparation . . . . .	\$	_____
2	Super Structure . . . . .		_____
3	Electrical/Lighting/Power . . . . .		_____
4	Plumbing . . . . .		_____
5	Sprinkler system . . . . .		_____
6	HVAC . . . . .		_____
7	Finish – partitions, also interior finish on floors, walls, & ceilings . . . . .		_____
8	Start up costs (soft costs, architect fees, etc.) . . . . .		_____
9	Other _____		_____
10	Other _____		_____
11	If costs include items you feel may qualify as EXEMPT MACHINERY AND EQUIPMENT (i.e., special machine foundations, production power wiring or process piping), please attach an explanatory note and documentation . . . . .	(	_____)
12	TOTAL COST of construction upon completion . . . . .		_____
13	PERCENT COMPLETE ON January 1, 2007 (use cost incurred, not cost paid, to calculate) . . . . .		_____
14	TOTAL BUILDING COST incurred January 1, 2007 (Excluding Ex M&E) (multiply line 12 by line 13) . . . . .		_____
15	IMPORTANT: Deduct amount of construction reported last year . . . . .	(	_____)
16	NET AMOUNT to be reported this year. Enter here and on Schedule B, Line 1 . . . . .		_____
17	YOUR ESTIMATE of market value of construction as of January 1, 2007 . . . . .	\$	_____

If line 17 is different than Line 14, please attach an explanation.

FOR DEPARTMENT USE ONLY	Phys. Res.	Ind.Bldg. Func. Res.	Overall Func. Res.	Loc. Res.	Other Eco. Res.	OARes.
Comments:						
	Total S.F.			\$		\$/SF

## SCHEDULE R-2 – REMODELING

**WHAT TO REPORT:**

The intent of this schedule is to identify changes to **existing** structures.

State in detail the nature of the remodeling project and the building where the remodeling took place. State, when applicable, the effect on square footage to the office, plant, and warehouse.

Include any remodeling that was expensed rather than capitalized.

**EXAMPLE**

"In the office area, we replaced the carpeting and painted the walls and ceiling. We added a lunch room behind the current office. The new lunch room has vinyl tile floor, painted concrete block walls, and acoustical ceiling. The new lunch room takes up 800 square feet that previously was production area. Project cost was \$18,000. My opinion of the effective increase in value is \$9,000."

Description	Cost	Est. Effective Increase in Value
<b>Total Cost</b>		
In your opinion, what was the total effective increase in value to the property as a result of these changes? (Enter this amount on Schedule B, Line 2) If Total Cost is different than the amount on this line, please attach an explanation.		
<b>For Department Use Only</b>		

## SCHEDULE R-3 – DEMOLITIONS

**WHAT TO REPORT:**

Identify building or land improvements that have been removed. Report what has been demolished by building number or description. State the square footage affected, year built, cost to raze, and original cost.

Include any demolitions that were expensed rather than capitalized.  
Show building removed on sketch, if available.

Bldg. No.	Description	Sq. Ft. Affected	Year Built	Cost to Raze
<b>Total Cost to Raze</b>				\$
In your opinion, what was the total effective change in value as a result of the demolition? (Enter this amount on Schedule B, Line 3)				\$
<b>For Department Use Only</b>				\$

## SCHEDULE R-4 – LAND IMPROVEMENTS

**WHAT TO REPORT:**

Identify land improvement additions.

WHAT TO REPORT:		COST
Paving: <input type="checkbox"/> New Paving <input type="checkbox"/> Repaving <input type="checkbox"/> Concrete      Depth _____ in. <input type="checkbox"/> Asphalt      Sq. Feet _____		
Landscaping:		
Sewer/Drainage System: <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Septic System <input type="checkbox"/> Holding Tank <input type="checkbox"/> Storm Sewers <input type="checkbox"/> Municipal (Cost of hook-up line, etc.) <input type="checkbox"/> Mound System <input type="checkbox"/> Drainage Field		
Water System: <input type="checkbox"/> Well      Depth _____ FT. <input type="checkbox"/> Municipal (Cost of hook-up line, etc.)		
Railroad Siding: _____ Lineal Ft.		
Other - (e.g., fences, lighting, curbs, etc.) DESCRIBE:		
<b>Total Cost</b>	\$	
In your opinion, what was the total effective increase in value as a result of these additions? (Enter this amount on Schedule B, Line 4) If the Total Cost is different than the amount on this line, please attach an explanation.	\$	
<b>For Department Use Only</b>	\$	

**SCHEDULE R-5 – REAL ESTATE LEASE**

Name														
Computer Number														

**WHAT TO REPORT:**

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

**EXAMPLES:**

Examples of related rentals would be: intrafamily leases; corporate or business leases between corporate officers, stockholders or owners of the enterprise.

*Note: Make additional copies of this page if more than 2 tenants.*

<b>Tenant #1</b>  Name: _____ _____ Address: _____ _____ _____	<b>CURRENT LEASE INFORMATION</b>  Sq. Ft. Leased: _____ Length of lease: _____ Inception date: _____ Annual rent: _____ <div style="text-align: right;"> <input type="checkbox"/> Gross      <input type="checkbox"/> Net         </div>
1. Are there leasehold improvements (building components or land improvements) on this parcel NOT owned by you? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Is the owner related to the tenant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Nature of the relationship: _____	

<b>Tenant #2</b>  Name: _____ _____ Address: _____ _____ _____	<b>CURRENT LEASE INFORMATION</b>  Sq. Ft. Leased: _____ Length of lease: _____ Inception date: _____ Annual rent: _____ <div style="text-align: right;"> <input type="checkbox"/> Gross      <input type="checkbox"/> Net         </div>
1. Are there leasehold improvements (building components or land improvements) on this parcel NOT owned by you? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Is the owner related to the tenant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Nature of the relationship: _____	

**SCHEDULE R-6 – WASTE TREATMENT**

1. Has there been a change in the status of waste treatment on this piece of Real Estate during 2006? (Examples: New additional buildings or structures, areas of land used for waste treatment changed; no longer being used for Waste Treatment; crops on vacant land being sold; etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. If Yes, explain change that occurred in 2006. _____ _____ _____	