

ANNUAL RETURN TO NEWPORT, RI TAX ASSESSOR 2025 FOR YEAR ENDING 12/31/2025 ACCT# T _____

The law is mandatory-A return must be filed per RI law Section 44-5-15, as amended

Si usted necesita este documento en espanol, esta disponible en nuestra oficina

If the mailing address needs to be updated, please cross out info and add new information. If there are changes to any other information please contact this office to receive the correct paperwork.

(We cannot make changes to DBA, NAME or location of business on this form)

If your business has closed or moved out of Newport, please contact our office via email assessorsinfo@cityofnewport.com or phone 401-845-5363 to request the close of business form. **Forms that are returned incomplete, illegible, not signed/notarized or late will not be processed. Values may be updated without depreciation assigned to assets.**

DBA _____

OWNER _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

ADDRESS OF BUSINESS _____

NEWPORT, RI 02840

OWNERSHIP: CORPORATION CO-PARTNERSHIP INDIVIDUAL/SOLE PROPRIETORSHIP LLC OTHER _____
Print Ownership Type

BUSINESS TYPE MANUFACTURING WHOLESALE RETAIL LEASING SERVICE *TRANSIENT
*Hotel/B&B/Short Term/Guest/Inn

Number of Employees as of 12/31/25 _____

Please enter all Assets physically removed in 2025 (these items must be included on your previous years return in order to remove them). You may attach separate sheets if needed or preferred (they must have the same information requested below in each section)

Check here if there are no changes

ASSETS REMOVED IN 2025			
ASSET DESCRIPTION	YEAR ACQUIRED	ORIGINAL COST	DATE REMOVED

Please enter all Assets added in 2025 DO NOT ADD ASSETS THAT YOU PREVIOUSLY REPORTED
 You may attach separate sheets if needed or preferred

Check here if there are no changes

COMPUTER EQUIPEMENT ADDED 2025			DEPRECIATION	
ASSET DESCRIPTION	ORIGINAL COST	DEPRECIATION VALUE	SCHEDULE	
			2025	5%
			2024	20%
			2023	40%
			2022	70%
			2019 & PRIOR	80%
TOTAL				

Business Owners with multiple business/locations may have received ONE form this year as we have combined your businesses to one (1) account to simplify your accounts.

Please mail/return to: OFFICE OF THE TAX ASSESSOR, 43 BROADWAY, NEWPORT, RI 02840

The Real Estate True & Exact account portion is no longer attached to this form. It can be found online:

www.cityofnewport.com/Government/Finance/In this section/Applications and Forms/True & Exact Account

Please enter all Assets **added** in 2025 **DO NOT ADD ASSETS THAT YOU PREVIOUSLY REPORTED**

Check here if there are no changes

FURNITURE FIXTURES & EQUIPMENT ADDED 2025			DEPRECIATION			
ASSET DESCRIPTION	ORIGINAL COST	DEPRECIATION VALUE	SCHEDULE			
			2025	5%	2021	40%
			2024	10%	2020	50%
			2023	20%	2019	60%
			2022	30%	2018 &	70%
					PRIOR	
TOTAL						

Check here if there are no changes

LONG LIFE ASSETS ADDED 2025			DEPRECIATION			
ASSET DESCRIPTION	ORIGINAL COST	DEPRECIATION VALUE	SCHEDULE			
			2025	5%	2017	45%
			2024	10%	2016	50%
			2023	15%	2015	55%
			2022	20%	2014	60%
			2021	25%	2013	65%
			2020	30%	2012 &	70%
					PRIOR	
			2019	35%		
			2018	40%		
TOTAL						

Check here if there are no changes

LEASED ASSETS FROM ANOTHER 2025 (DO NOT INCLUDE REAL ESTATE OR VEHICLES)					
OWNER/ADDRESS	ITEM DESCRIPTION	COST NEW	LEASE TERM	MONTHLY RENT	LEASE #

LEASED ASSETS TO ANOTHER 2025 (DO NOT INCLUDE REAL ESTATE OR VEHICLES)					
LESSEE'S NAME	LOCATION OF PROPERTY	DESCRIPTION	COST NEW	DATE	LEASE #

Check here if there are no changes

LEASEHOLD IMPROVEMENTS ADDED 2025			DEPRECIATION			
ASSET DESCRIPTION	ORIGINAL COST	DEPRECIATION VALUE	SCHEDULE			
			2025	5%	2021	40%
			2024	10%	2020	50%
			2023	20%	2019	60%
			2022	30%	2018 & PRIOR	70%
TOTAL						

By signing below, you affirm under penalties of perjury declare that the information provided is correct and true. Per State statute, this form must be notarized or you may sign in front of a staff member from the Tax Assessors office who will initial your signature.

Assessor's Office

Signature

Date

Title

On _____ personally appeared before me and made oath that the foregoing account by him/her signed and exhibited, contains to the best of his/her knowledge and belief, a true and full account and valuation of all the ratable estate owned or possessed by said Corporation, Co-Partnership, or individual.

Signature of Notary Public and Date

My Commission Expires _____