



# *Town of Wallingford, Connecticut*

**Board of Assessment Appeals**

Tom Vitali, Chairman  
Robert Avery, Member  
Carl Bonamico, Member

203-294-2001 Phone  
(203) 294-2003 Fax

## **BOARD OF ASSESSMENT APPEALS AGENDA**

### **REGULAR VIRTUAL MEETING FOR THE GRAND LIST OCTOBER 1<sup>ST</sup>, 2020**

WEDNESDAY, MARCH 10, 2021 6PM to 9PM

#### **Link to meeting from your computer, tablet, or smartphone**

<https://global.gotomeeting.com/join/259051413>

#### **You can also dial in from your phone**

United States ( toll free ) 1 866 899 4679

United States +1 ( 571 ) 317-3116

**Access Code 259-051-413**

1. Call to Order
2. Pledge of Allegiance
3. Attendance
4. Discussion and possible action regarding attached appeals
5. Old Business
6. New Business
7. Adjournment

Date	Time	HEARING NO	TYPE	Account Number	Owner Full Name
March 10, 2021	6:00 PM - 7:00 PM	2020-036	RESIDENTIAL	20020085	MOYLES LINDA E
March 10, 2021	6:00 PM - 7:00 PM	2020-028	COMMERCIAL	M012988C	MARINO CALOGERO J TRUSTEE OF ALBERT
March 10, 2021	6:00 PM - 7:00 PM	2020-029	RESIDENTIAL	C059831Q	MARINO ALBERT JERRY TRUST
March 10, 2021	6:00 PM - 7:00 PM	2020-030	RESIDENTIAL	M0129892	MARINO ALBERT JERRY TRUST
March 10, 2021	7:00 PM - 8:00 PM	2020-162	2020 PERSONAL PROPERTY	20200143	CORDOVA ROBERT
March 10, 2021	7:00 PM - 8:00 PM	2020-163	2020 PERSONAL PROPERTY	20200002	VANITY BEAUTY BAR LLC
March 10, 2021	7:00 PM - 8:00 PM	2020-164	2020 PERSONAL PROPERTY	H0019500	HARRIS RUTH
March 10, 2021	7:00 PM - 8:00 PM	2020-164	2020 PERSONAL PROPERTY	H0019500	HARRIS RUTH & JOHN BRUCE
March 10, 2021	7:00 PM - 8:00 PM	2020-168	2020 PERSONAL PROPERTY	20190115	CONTROLLED FLUIDICS
March 10, 2021	8:00 PM - 9:00 PM	2020-169	2020 PERSONAL PROPERTY	20200016	CRILLOS PAINTING LLC
March 10, 2021	8:00 PM - 9:00 PM	2020-172	2020 PERSONAL PROPERTY	20200135	FORCE HOME IMPROVEMENT LLC
March 10, 2021	8:00 PM - 9:00 PM	2020-175	2020 PERSONAL PROPERTY	20160092	GEN X MOTORS INC
March 10, 2021	8:00 PM - 9:00 PM	2020-176	2020 PERSONAL PROPERTY	C0093000	COBRA AUTOMOTIVE INC



# Town of Wallingford, Connecticut

WALLINGFORD ASSESSOR  
19 FEB 21 PM 4:36

## BOARD OF ASSESSMENT APPEALS

Thomas Vitali, Chairman  
Carl D. Bonamico, Member  
Robert Avery, Member  
Town Hall, Room 101  
45 South Main Street  
Wallingford, CT 06492  
Phone - 203-294-2001  
Fax - 203-294-2003

Hearing No. 2020-036

### APPLICATION

APPEAL OF ASSESSED VALUATION  
BOARD OF ASSESSMENT APPEALS  
GRAND LIST OF OCTOBER 1, 2020

HEARING DATE: \_\_\_\_\_

<b>Property Owner:</b>
Name of property Owner <u>L. MOYLES</u>
Mailing Address <u>31 HICKORY CT</u>
City, State, Zip <u>WALLINGFORD CT</u>
Phone <u>203 639 1540</u>

<b>Appellant (if other than owner):</b>
Name of Owner's Agent _____
Mailing Address _____
City, State, Zip _____
Phone _____

Appellant's Capacity       Owner       Owner's Agent  
(If Agent, attach a copy of Agency Agreement or Power of Attorney. Original agency document must be submitted at hearing.)

Linda Moyles  
Print applicant name and date

L S Moyles  
Applicant signature

Fill out only the section for the property type under appeal.

Motor Vehicle: Year \_\_\_\_\_ Make /Model: \_\_\_\_\_ Plate# \_\_\_\_\_ Mileage \_\_\_\_\_

Real Estate: 31 HICKORY CT  
(Address and/of Assessor's Map/Block/Lot/Unit Number)

Personal Property: Unique ID: \_\_\_\_\_ DBA: \_\_\_\_\_

If you are submitting an appraisal or other similar evidence, you must submit a copy along with your application.

What MARKET VALUE does the applicant place on the property?: \$ 120,000

Briefly state the basis of the Appeal: RE classified as low-income shouldn't appreciate at a higher rate than other properties at every revaluation  
(Attach additional page, documentation or appraisal if needed)

**DO NOT WRITE BELOW THIS LINE - BAA Use Only**

**I hereby solemnly swear that the testimony I am about to give is true and accurate to the best of my knowledge and belief.**

Signature(s) of Owner(s) or Agent: \_\_\_\_\_ (Must be signed in the presence of the Board) Date: \_\_\_\_\_

CURRENT OWNER		TOPO	UTILITIES	STRT / ROAD	LOCATION	CURRENT ASSESSMENT		PREVIOUS ASSESSMENTS (HISTORY)			
1 Level	2 Public Water	1 Paved	2 Suburban	Description	Code	Appraised	Assessed	Year	Code	Assessed	
3 Below Street				RES CONDO	1-5	183,900	128,700	2019	1-5	115,900	
4 Rolling											
SUPPLEMENTAL DATA		P/Z MAP #		ENG MAP #		Easement		Town Line		IND PARK	
Alt Prcl ID 085003025056		Census: 1755		Old MBLU		TC MAP #		Record Lot		GIS ID 134902	
Assoc Pld#											
Total		183,900		128,700		Total		115,900		Total	

RECORD OF OWNERSHIP		BK-VOL/PAGE	SALE DATE	QU	VI	SALE PRICE	VC	Year	Code	Assessed	Year	Code	Assessed
MOYLES LINDA E	1159	0992	06-03-2004	Q	I	144,875	00	2020	1-5	128,700	2019	1-5	115,900
OLDE OAK VILLAGE LLC	1034	0001	06-04-2002			0							
Total		0.00											

EXEMPTIONS		Amount	Code	Description	Number	Amount	Comm Int
Year	Description						
Total		0.00					

ASSESSING NEIGHBORHOOD		Nbhd	Nbhd Name	Batch
0001		B	Tracing	

NOTES	
PRIMROSE 1ST-K,LR,1/2BTH 2ND-3BD,1BTH AFF HSNB	

BUILDING PERMIT RECORD		Permit Id	Issue Date	Type	Description	Amount	Insp Date	% Comp	Date Comp	Comments
16415	1	04-20-2004	CO	C of O	New Construct	72,980	04-20-2004	100		CERT OF OCCUPANCY NEW CONDO
16415		05-01-2003	NC							

LAND USE VALUATION SECTION		Use Code	Description	Zone	Land Type	Land Units	Unit Price	Size Adj	Site Index	Cond.	Nbhd.	Nbhd. Adj	Notes	Location Adjustment	Adj Unit P	Land Value
1	1020	Condo	HOD			0	1,000,000	5	1,000	U		1,000		0.0000	0	0

APPRaised VALUE SUMMARY		Total Appraised Parcel Value	Total Appraised Parcel Value
Appraised Bldg. Value (Card)		183,900	
Appraised Xi (B) Value (Bldg)		0	
Appraised Ob (B) Value (Bldg)		0	
Appraised Land Value (Bldg)		0	
Special Land Value		0	
Total Appraised Parcel Value		183,900	
Valuation Method			C

VISIT / CHANGE HISTORY		Date	Id	Type	Is	Cd	Purpose/Result
		12-19-2020	HH			40	No change
		10-17-2019	GD			01	Measured
		12-30-2015	V			41	Change
		09-24-2015	V			29	Field Review
		07-26-2010	SR			29	Field Review
		06-08-2010	V			10	Letter Sent - No Response
		05-03-2010	MK			03	Measured



**CONSTRUCTION DETAIL**

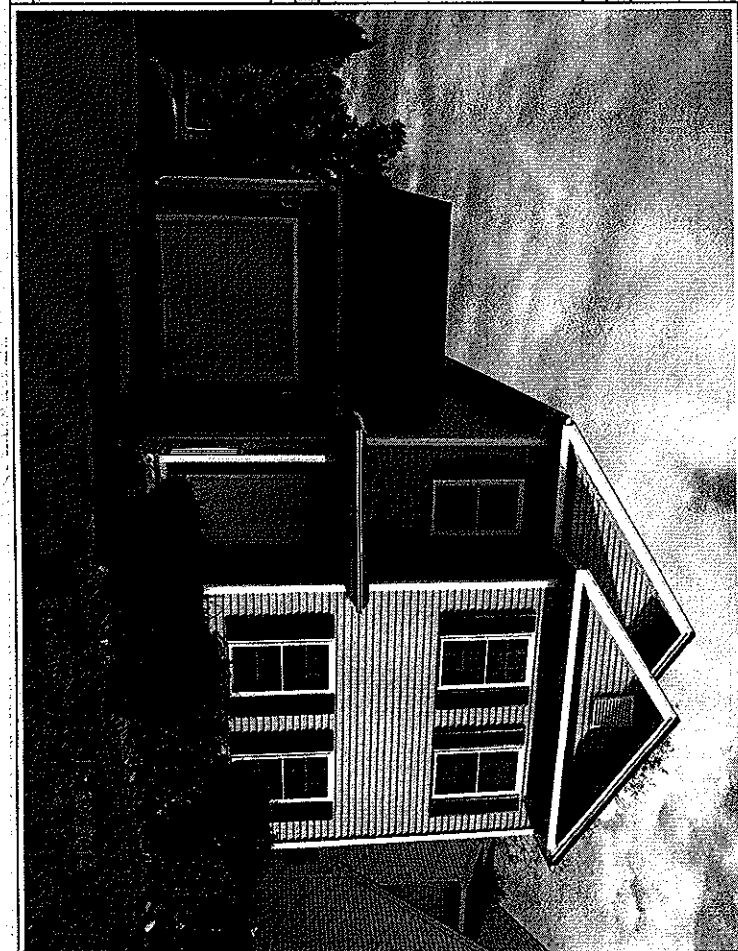
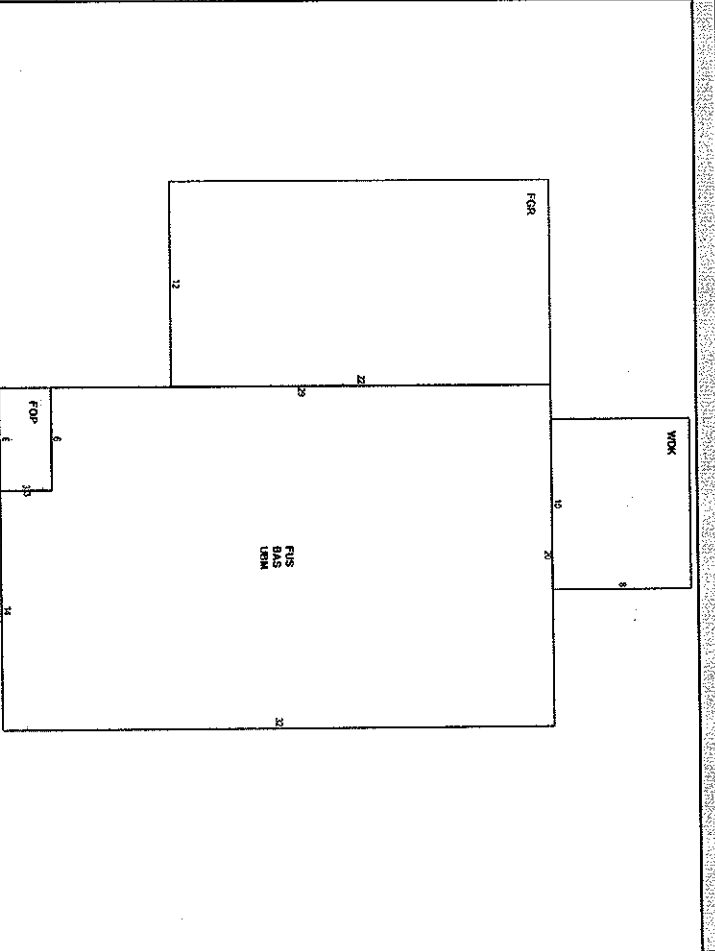
**CONSTRUCTION DETAIL (CONTINUED)**

Element	Cd	Description	Element	Cd	Description
Style: 55		Condominium			
Model: 05		Res Condo			
Grade: C					
Stories: 2		2 Stories			
Occupancy: 1					
Interior Wall 1: 05		Drywall			
Interior Wall 2: 14		Carpet			
Interior Floor 1: 03		Gas			
Interior Floor 2: 03		Forced Air-Duc			
Heat Type: 04		Central			
AC Type: 03		3 Bedrooms			
Ttl Bedrooms: 03		1 Full Bath			
Ttl Bathrms: 1		1 Half Bath			
Ttl Half Bths: 1					
Xtra Fixtres: 5		5 Rooms			
Total Rooms: 5		Average			
Bath Style: 02		Average			
Kitchen Style: 02					
Whitripool					
Fireplaces					

CONDO DATA	
Parcel Id	137198
Old Oak Vill	C132
Ownr	
Adjust Type	Code
Condo Fir	1AL
Condo Unit	1
Description	
IB1	SI1
Factor%	
Affordable	Low
Factor%	
105	
COST/MARKET VALUATION	
Building Value New	218,937
Year Built	2003
Effective Year Built	
Depreciation Code	A
Remodel Rating	
Year Remodeled	
Depreciation %	16
Functional Obsol	0
External Obsol	0
Trend Factor	1
Condition	
Condition %	
Percent Good	84
Cns Sect Rchld	183,900
Dep % Ovr	
Dep Ovr Comment	
Misc Imp Ovr	
Misc Imp Ovr Comment	
Cost to Cure Ovr	
Cost to Cure Ovr Comment	

Code	Description	UB	Units	Unit Price	Yr Bit	Cond	Cd	% Gd	Grade	Grade Adj	Appr. Value
<b>OB - OUTBUILDING &amp; YARD ITEMS(L) / XF - BUILDING EXTRA FEATURES(B)</b>											

<b>BUILDING SUB-AREA SUMMARY SECTION</b>						
Code	Description	Living Area	Floor Area	Eff Area	Unit Cost	Undeprec Value
BAS	First Floor	622	622	622	141.30	87,888
FGR	Garage	0	264	106	56.73	14,978
FOP	Porch, Open	0	18	4	31.40	565
FUS	Upper Story, Finished	622	622	622	141.30	87,888
UBM	Basement, Unfinished	0	622	124	28.17	17,521
WDK	Deck, Wood	0	80	8	14.13	1,130
Ttl Gross Liv./Lease Area		1,244	2,228	1,486		209,970





*Town of Wallingford, Connecticut*

**Ian Fuller**  
Property Appraiser  
Department of Finance  
Assessing Division

203-294-2000 Phone  
203-294-2003 Fax

**MEMORANDUM**

**Date:** 3/4/21  
**To:** Shelby Jackson  
**From:** Ian Fuller  
**CC:**  
**RE:** 31 Hickory Ct

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**Current Market Value:** \$ 183,900

**Current Assessed Value:** \$ 128,700

**Appellant's estimate of Market Value:** \$ 120,000

**Notes:**

- This property is classified as low income affordable housing.
- Please review the attached income limits as prescribed by the state for 2020 and the formula used to calculate affordable housing units.

**Recommendation:**

Change market value to **\$179,300**

2000-036

		OLDE OAK VILLAGE		OLDE OAK VILLAGE		
AFFORDABLE HOUSING			LOW		MODERATE	
2020 GL		1	MEDIAN INCOME	91200	1 MEDIAN INCOME	91200
				1.04		1.04
		2		94848	2	94848
				0.60		0.80
		3		56908.8	3	75878.4
				0.30		0.30
		4		17072.64	4	22763.52
				12		12
		5		1422.72	5	1896.96
			TAXES	290	TAXES	360
			UTILITIES	250	UTILITIES	250
			INSURANCE	80	INSURANCE	80
			COMMON INT CHRGS	125	COMMON INT CHRGS	125
		6	EXPENSES	745	6 EXPENSES	815
		7	PYMT	677.72	7 PYMT	1081.96
		8	30 YEARS, 3% INT	163000	8 30 YEARS, 3% INT	233000
		9	10% DWN PYMT	16300	9 10% DWN PYMT	23300
			MAXIMUM SALE PRICE	179300	MAXIMUM SALE PRICE	256300

DOH Development Program Income Limits based on HUD Median Incomes

2020 Income Limits (Revised 9/16/2020)

PMSA/MSA Area

	Household Size							
	1	2	3	4	5	6	7	8
80% of AMI	\$ 54,544	\$ 62,336	\$ 70,128	\$ 77,920	\$ 84,154	\$ 90,387	\$ 96,621	\$ 102,854
100% of AMI (AHP)	\$ 68,180	\$ 77,920	\$ 87,660	\$ 97,400	\$ 105,192	\$ 112,984	\$ 120,776	\$ 128,568
110% of AMI (ECL)	\$ 74,998	\$ 85,712	\$ 96,426	\$ 107,140	\$ 115,711	\$ 124,282	\$ 132,854	\$ 141,425
120% of AMI (HTF)	\$ 81,816	\$ 93,504	\$ 105,192	\$ 116,880	\$ 126,230	\$ 135,581	\$ 144,931	\$ 154,282

Southern Middlesex County - HMFA

25% of AMI	\$ 19,600	\$ 22,400	\$ 25,200	\$ 28,000	\$ 30,240	\$ 32,480	\$ 34,720	\$ 36,960
30% of AMI - HOME/CDBG	\$ 23,550	\$ 26,900	\$ 30,250	\$ 33,600	\$ 36,300	\$ 39,000	\$ 41,700	\$ 44,400
30% of AMI (NHTF)	\$ 23,300	\$ 26,600	\$ 29,950	\$ 33,250	\$ 35,950	\$ 38,600	\$ 41,250	\$ 43,900
Very Low Income - HOME/CDBG	\$ 39,200	\$ 44,800	\$ 50,400	\$ 56,000	\$ 65,000	\$ 69,450	\$ 69,450	\$ 73,950
50% of AMI	\$ 39,200	\$ 44,800	\$ 50,400	\$ 56,000	\$ 60,480	\$ 64,960	\$ 69,440	\$ 73,920
60% of AMI	\$ 47,040	\$ 53,760	\$ 60,480	\$ 67,200	\$ 72,576	\$ 77,952	\$ 83,328	\$ 88,704
Low Income - HOME/CDBG	\$ 54,950	\$ 62,800	\$ 70,650	\$ 78,500	\$ 84,800	\$ 91,100	\$ 97,350	\$ 103,650
80% of AMI	\$ 62,720	\$ 71,680	\$ 80,640	\$ 89,600	\$ 96,768	\$ 103,936	\$ 111,104	\$ 118,272
100% of AMI (AHP)	\$ 78,400	\$ 89,600	\$ 100,800	\$ 112,000	\$ 120,960	\$ 129,920	\$ 138,880	\$ 147,840
110% of AMI (ECL)	\$ 86,240	\$ 98,560	\$ 110,880	\$ 123,200	\$ 133,056	\$ 142,912	\$ 152,768	\$ 162,624
120% of AMI (HTF)	\$ 94,080	\$ 107,520	\$ 120,960	\$ 134,400	\$ 145,152	\$ 155,904	\$ 166,656	\$ 177,408

New Haven-Milford MSA

Milford-Ansonia-Seymour - HMFA

25% of AMI	\$ 18,935	\$ 21,640	\$ 24,345	\$ 27,050	\$ 29,214	\$ 31,378	\$ 33,542	\$ 35,706
30% of AMI - HOME/CDBG	\$ 22,750	\$ 26,000	\$ 29,250	\$ 32,450	\$ 35,050	\$ 37,650	\$ 40,250	\$ 42,850
30% of AMI (NHTF)	\$ 22,050	\$ 25,200	\$ 28,350	\$ 31,450	\$ 34,000	\$ 36,500	\$ 39,010	\$ 41,520
Very Low Income - HOME/CDBG	\$ 37,900	\$ 43,300	\$ 48,700	\$ 54,100	\$ 58,450	\$ 62,800	\$ 67,100	\$ 71,450
50% of AMI	\$ 37,870	\$ 43,280	\$ 48,690	\$ 54,100	\$ 58,428	\$ 62,756	\$ 67,084	\$ 71,412
60% of AMI	\$ 45,480	\$ 51,960	\$ 58,440	\$ 64,920	\$ 70,140	\$ 75,360	\$ 80,520	\$ 85,740
Low Income - HOME/CDBG	\$ 54,950	\$ 62,800	\$ 70,650	\$ 78,500	\$ 84,800	\$ 91,100	\$ 97,350	\$ 103,650
80% of AMI	\$ 60,592	\$ 69,248	\$ 77,904	\$ 86,560	\$ 93,485	\$ 100,410	\$ 107,334	\$ 114,259
100% of AMI (AHP)	\$ 75,740	\$ 86,560	\$ 97,380	\$ 108,200	\$ 116,856	\$ 125,512	\$ 134,168	\$ 142,824
110% of AMI (ECL)	\$ 83,314	\$ 95,216	\$ 107,118	\$ 119,020	\$ 128,542	\$ 138,063	\$ 147,585	\$ 157,106
120% of AMI (HTF)	\$ 90,888	\$ 103,872	\$ 116,856	\$ 129,840	\$ 140,227	\$ 150,614	\$ 161,002	\$ 171,389

New Haven-Meriden - HMFA

25% of AMI	\$ 15,960	\$ 18,240	\$ 20,520	\$ 22,800	\$ 24,624	\$ 26,448	\$ 28,272	\$ 30,096
30% of AMI - HOME/CDBG	\$ 21,600	\$ 24,650	\$ 27,750	\$ 30,800	\$ 33,300	\$ 35,750	\$ 38,200	\$ 40,700
30% of AMI (NHTF)	\$ 21,600	\$ 24,650	\$ 27,750	\$ 30,800	\$ 33,300	\$ 35,750	\$ 38,200	\$ 40,700
Very Low Income - HOME/CDBG	\$ 36,950	\$ 41,050	\$ 46,200	\$ 51,300	\$ 55,450	\$ 59,550	\$ 63,650	\$ 67,750
50% of AMI	\$ 31,920	\$ 36,480	\$ 41,040	\$ 45,600	\$ 49,248	\$ 52,896	\$ 56,544	\$ 60,192
60% of AMI	\$ 43,140	\$ 49,260	\$ 55,440	\$ 61,560	\$ 66,540	\$ 71,460	\$ 76,380	\$ 81,300
Low Income - HOME/CDBG	\$ 54,950	\$ 62,800	\$ 70,650	\$ 78,500	\$ 84,800	\$ 91,100	\$ 97,350	\$ 103,650
80% of AMI	\$ 51,072	\$ 58,368	\$ 65,664	\$ 72,960	\$ 78,797	\$ 84,634	\$ 90,470	\$ 96,307
100% of AMI (AHP)	\$ 63,840	\$ 72,960	\$ 82,080	\$ 91,200	\$ 98,496	\$ 105,792	\$ 113,088	\$ 120,384
110% of AMI (ECL)	\$ 70,224	\$ 80,256	\$ 90,288	\$ 100,320	\$ 108,346	\$ 116,371	\$ 124,397	\$ 132,422
120% of AMI (HTF)	\$ 76,608	\$ 87,552	\$ 98,496	\$ 109,440	\$ 118,195	\$ 126,950	\$ 135,706	\$ 144,461

Waterbury - HMFA

25% of AMI	\$ 14,053	\$ 16,060	\$ 18,068	\$ 20,075	\$ 21,681	\$ 23,287	\$ 24,893	\$ 26,499
30% of AMI - HOME/CDBG	\$ 21,600	\$ 24,650	\$ 27,750	\$ 30,800	\$ 33,300	\$ 35,750	\$ 38,200	\$ 40,700
30% of AMI (NHTF)	\$ 21,600	\$ 24,650	\$ 27,750	\$ 30,800	\$ 33,300	\$ 35,750	\$ 38,200	\$ 40,700





# Town of Wallingford, Connecticut

## BOARD OF ASSESSMENT APPEALS

Thomas Vitali, Chairman  
Carl D. Bonamico, Member  
Robert Avery, Member  
Town Hall, Room 101  
45 South Main Street  
Wallingford, CT 06492  
Phone - 203-294-2001  
Fax - 203-294-2003

Hearing No. 2026-028

### APPLICATION

APPEAL OF ASSESSED VALUATION  
BOARD OF ASSESSMENT APPEALS  
GRAND LIST OF OCTOBER 1, 2020

HEARING DATE: \_\_\_\_\_

2026 JAN 21 AM 11:55  
WALLINGFORD ASSESSOR

Property Owner:	<u>CALOBENO JOE MARIANO</u>
Name of property Owner	<u>CALOBENO JOE MARIANO</u>
Mailing Address	<u>400 TAPKE RD</u>
City, State, Zip	<u>WALLINGFORD</u>
Phone	<u>203 284-2077 or 203-654-6190</u>

Appellant (if other than owner):	_____
Name of Owner's Agent	_____
Mailing Address	_____
City, State, Zip	_____
Phone	_____

Appellant's Capacity  Owner  Owner's Agent  
(If Agent, attach a copy of Agency Agreement or Power of Attorney. Original agency document must be submitted at hearing.)

CALOBENO JOE MARIANO 1-28-21  
Print applicant name and date

[Signature]  
Applicant Signature

Fill out only the section for the property type under appeal.

Motor Vehicle: Year \_\_\_\_\_ Make /Model: \_\_\_\_\_ Plate# \_\_\_\_\_ Mileage \_\_\_\_\_

Real Estate: 113 N. TAPAKE RD  
(Address and/or Assessor's Map/Block/Lot/Unit Number)

Personal Property: Unique ID: \_\_\_\_\_ DBA: \_\_\_\_\_

If you are submitting an appraisal or other similar evidence, you must submit a copy along with your application.

What MARKET VALUE does the applicant place on the property?: \$ 20,000

Briefly state the basis of the Appeal: TAXES TO HIGH

(Attach additional page, documentation or appraisal if needed)

**DO NOT WRITE BELOW THIS LINE - BAA Use Only**

I hereby solemnly swear that the testimony I am about to give is true and accurate to the best of my knowledge and belief.

Signature(s) of Owner(s) or Agent: \_\_\_\_\_ (Must be signed in the presence of the Board) Date: \_\_\_\_\_

<b>CURRENT OWNER</b>	<b>TOPO</b>	<b>UTILITIES</b>	<b>STRT/ROAD</b>	<b>LOCATION</b>
MARINO CALOGERO J TRUSTEE OF JERRY MARINO TRUST 40 NORTH TURNPIKE RD	1 Level	2 Public Water	1 Paved	4 Bus. District
WALLINGFORD CT 06492	AR Prcl ID 068003059A Census: 1756 Old MBLU TC MAP # TC MAP # Record Lot	<b>SUPPLEMENTAL DATA</b>		
	GIS ID 15996	ENG MAP O-276 Easement Town Line IND PARK	Assoc Pid#	

RECORD OF OWNERSHIP		BK	VOL	PAGE	SALE DATE	QU	VI	SALE PRICE	VC
MARINO CALOGERO J TRUSTEE OF ALBER		1250	0718		04-28-2006	U	I	0	29
MARINO CALOGERO J		0479	0566		12-18-1978			0	
Total		0.00							

EXEMPTIONS		OTHER ASSESSMENTS	
Year	Code	Description	Amount
Total		0.00	

ASSESSING NEIGHBORHOOD		NOTES	
Nbhd	Nbhd Name	Tracing	Batch
C2			

PER P&Z BUILDABLE LOT  
SMALL BUILDING ENVELOPE  
ON THE MARKET 07/19

BUILDING PERMIT RECORD		VISIT / CHANGE HISTORY	
Permit Id	Issue Date	Date	Purpose/Result
		12-22-2020	41 Change
		03-31-2020	99 Vacant Lot Insp
		03-15-2011	19 Map Correction-No Value
		05-10-2010	29 Field Review
		10-13-2009	99 Vacant Lot Insp
		01-02-2002	41 Change
		11-20-2000	99 Vacant Lot Insp

LAND LINE VALUATION SECTION		CURRENT ASSESSMENT		PREVIOUS ASSESSMENTS (HISTORY)	
B Use Code	Description	Zone	Land Type	Year	Code
1	3920 UNDEV LAND	DD4		2021	5-2
Total Card Land Units		0.468	AC	Total	
Parcel Total Land Area		0.4683		Total	

VALUATION SUMMARY		VALUATION SUMMARY	
Appraised Bldg. Value (Card)	Appraised Xf (B) Value (Bldg)	Appraised Ob (B) Value (Bldg)	Appraised Land Value (Bldg)
0	0	0	49,700
0	0	0	0
0	0	0	49,700
Total Appraised Parcel Value		49,700	

This signature acknowledges a visit by a Data Collector or Assessor

VISION

WALLINGFORD, CT 6148

Location Adjustment 1.0000

Adj Unit P 2.44

Land Value 49,700

Location Adjustment 1.0000

Adj Unit P 2.44

Land Value 49,700

Location Adjustment 1.0000

Adj Unit P 2.44

Land Value 49,700

Location Adjustment 1.0000

Adj Unit P 2.44

Land Value 49,700

Location Adjustment 1.0000

Adj Unit P 2.44

Land Value 49,700

Location Adjustment 1.0000

Adj Unit P 2.44

Land Value 49,700

CURRENT OWNER				TOPO				UTILITIES				STRT./ROAD				LOCATION				CURRENT ASSESSMENT			
MARINO CALOGERO J TRUSTEE OF ALBER	JERRY MARINO TRUST	40 NORTH TURNPIKE RD	WALLINGFORD CT 06492	1 Level	2 Public Water	1 Paved	4 Bus. District	VAC CM LN	5-2	49,700	34,800	6148	WALLINGFORD, CT										
All Prci ID 068003059A Census: 1756 Old MBLU TC MAP # TC MAP # Record Lot GIS ID 15996 Assoc Pld#				SUPPLEMENTAL DATA P/Z MAP # ENG MAP O-276 Easement Town Line IND PARK				Description Code Appraised Assessed				Date Id Type Is Cd Purpose/Result											

RECORD OF OWNERSHIP				BK-VOL/PAGE SALE DATE QU VI SALE PRICE VC				PREVIOUS ASSESSMENTS (HISTORY)							
MARINO CALOGERO J TRUSTEE OF ALBER	MARINO CALOGERO J	1250 0718	04-28-2006	U	1	0	29	Year Code Assessed	Year Code Assessed	Year Code Assessed	Year Code Assessed	Year Code Assessed	Year Code Assessed		
								Total 49,700				Total 34,800			

EXEMPTIONS				OTHER ASSESSMENTS			
Year Code Description	Amount	Code Description	Number Amount	Comm Int			
Total 0.00				Total 34800			

ASSESSING NEIGHBORHOOD				APPRaised VALUE SUMMARY			
Nbhd	Nbhd Name	B	Tracing	Batch	Appraised Bldg. Value (Card)	0	
C2					Appraised Xf (B) Value (Bldg)	0	
					Appraised Ob (B) Value (Bldg)	0	
					Appraised Land Value (Bldg)	49,700	
					Special Land Value	0	
					Total Appraised Parcel Value	49,700	
PER P&Z BUILDABLE LOT SMALL BUILDING ENVELOPE ON THE MARKET 07/19				Valuation Method C			

BUILDING PERMIT RECORD				VISIT/CHANGE HISTORY			
Permit Id	Issue Date	Type Description	Amount Insp Date % Comp Date Comp	Comments	Date	Id Type Is Cd	Purpose/Result
					12-22-2020	IF 06	41 Change
					03-31-2020	LS	99 Vacant Lot Insp
					03-15-2011	KC 08	19 Map Correction-No Value
					05-10-2010	DT 03	29 Field Review
					10-13-2009	TH 03	99 Vacant Lot Insp
					01-02-2002	RR	41 Change
					11-20-2000	IS	99 Vacant Lot Insp
Total Appraised Parcel Value				49,700			

LAND LINE VALUATION SECTION							
Use Code	Description	Zone	Land Typ	Land Units	Unit Price	Size Adj	Site Index
3920	UNDEV LAND	DD40		20,398 SF	5.15	1.00000	C
Total Card Land Units				0.468 AC	Parcel Total Land Area		0.4683

LAND LINE VALUATION SECTION							
Use Code	Description	Zone	Land Typ	Land Units	Unit Price	Size Adj	Site Index
3920	UNDEV LAND	DD40		20,398 SF	5.15	1.00000	C
Total Card Land Units				0.468 AC	Parcel Total Land Area		0.4683
Total Appraised Parcel Value				49,700			



**CONSTRUCTION DETAIL (CONTINUED)**

Element	Cd	Description	Element	Cd	Description
Style: 99	Cd	Vacant Land			
Model: 00		Vacant			
Grade:					
Stories:					

CONDO DATA						
Parcel Id	Code	Description	Owner	Factor%		
Adjust Type						
Condo Flr						
Condo Unit						

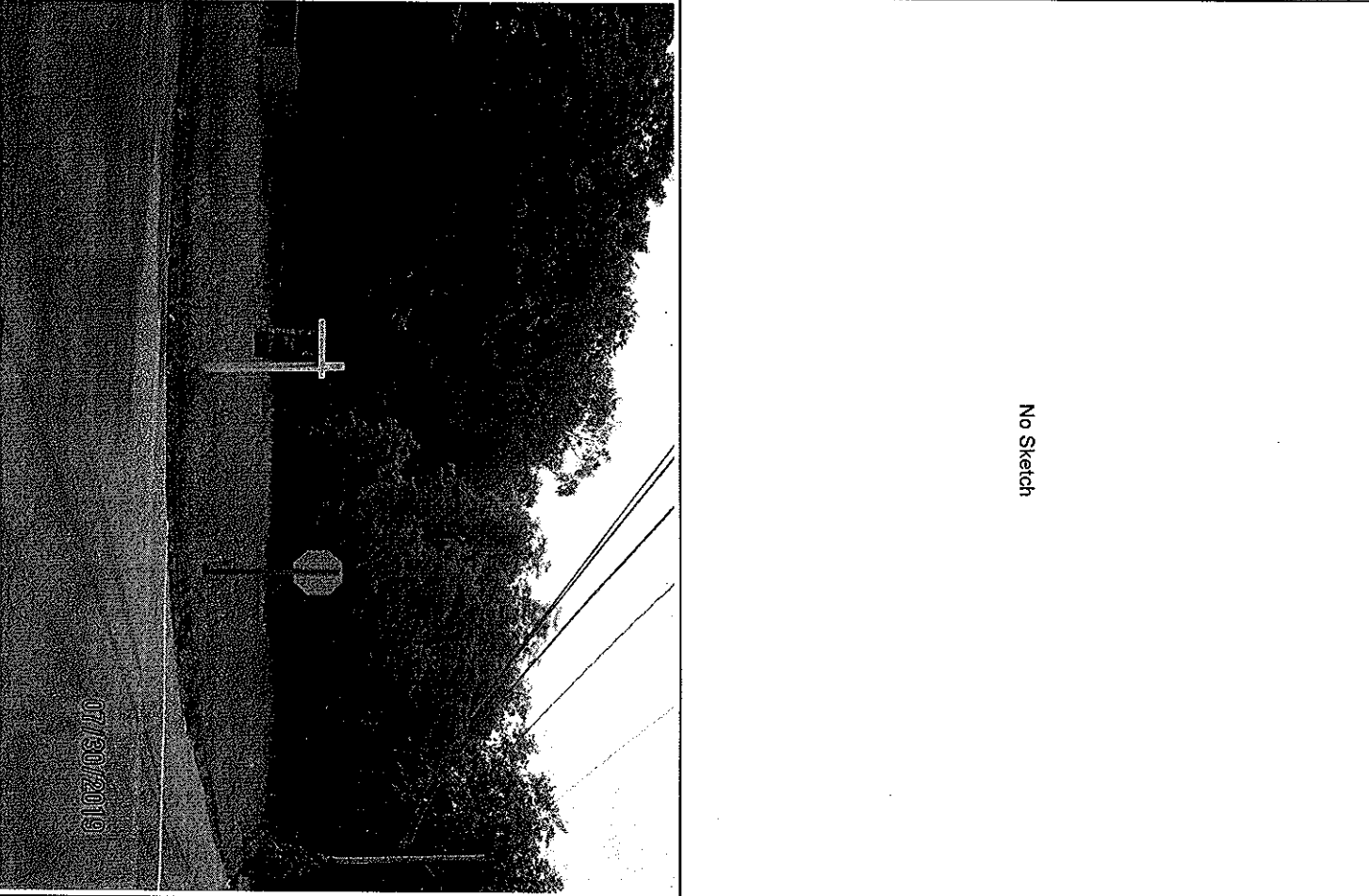
COST / MARKET VALUATION			
Building Value New		0	
Year Built		0	
Effective Year Built			
Depreciation Code			
Remodel Rating			
Year Remodeled			
Depreciation %		0	
Functional Obsol		0	
External Obsol		1	
Trend Factor			
Condition			
Condition %			
Percent Good		0	
RCNLD			

Total Bedrooms						
Total Bathms:						
Total Half Baths						
Total Xtra Fixtrs						
Total Rooms:						
Bath Style:						
Kitchen Style:						
Whirlpool Tub						
Fireplaces						

OB - OUTFUILDING & YARD ITEMS (A) - BLDG EXTRA FEATURES (B)										
Code	Description	LVB	Units	Unit Price	Yr Bilt	Cond. Cd	% Gd	Grade	Grade Adj	Appr. Value

BUILDING SUB-AREA SUMMARY SECTION				
Code	Description	Living Area	Floor Area	Undeprc Value

TI Gross Liv / Lease Area		0	0	0
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# Town of Wallingford, Connecticut

## BOARD OF ASSESSMENT APPEALS

Thomas Vitali, Chairman  
Carl D. Bonamico, Member  
Robert Avery, Member

Town Hall, Room 101  
45 South Main Street  
Wallingford, CT 06492

Phone - 203-294-2001  
Fax - 203-294-2003

Hearing No. 2020-029

### APPLICATION

APPEAL OF ASSESSED VALUATION  
BOARD OF ASSESSMENT APPEALS  
GRAND LIST OF OCTOBER 1, 2020

28 JAN 21 11:55  
MFD ASSESSOR

HEARING DATE: \_\_\_\_\_

Property Owner: <u>CALOBENO JOE MARIANO</u>
Name of property Owner <u>CALOBENO JOE MARIANO</u>
Mailing Address <u>40 N. SUBURBAN RD</u>
City, State, Zip <u>WIND CT 06492</u>
Phone <u>203-284-2077 or 203-654-6190</u>

Appellant (if other than owner): _____
Name of Owner's Agent _____
Mailing Address _____
City, State, Zip _____
Phone _____

Appellant's Capacity  Owner  Owner's Agent  
(If Agent, attach a copy of Agency Agreement or Power of Attorney. Original agency document must be submitted at hearing.)

CALOBENO JOE MARIANO 1-28-21  
Print applicant name and date

[Signature]  
Applicant signature

Fill out only the section for the property type under appeal.

Motor Vehicle: Year \_\_\_\_\_ Make /Model: \_\_\_\_\_ Plate# \_\_\_\_\_ Mileage \_\_\_\_\_

Real Estate: 120 CONSTITUTION ST  
(Address and/or Assessor's Map/Block/Lot/Unit Number)

Personal Property: Unique ID: \_\_\_\_\_ DBA: \_\_\_\_\_

If you are submitting an appraisal or other similar evidence, you must submit a copy along with your application.

What MARKET VALUE does the applicant place on the property?: \$ 150,000

Briefly state the basis of the Appeal: TAXES TO HIGH

(Attach additional page, documentation or appraisal if needed)

### DO NOT WRITE BELOW THIS LINE - BAA Use Only

I hereby solemnly swear that the testimony I am about to give is true and accurate to the best of my knowledge and belief.

Signature(s) of  
Owner(s) or Agent: \_\_\_\_\_ (Must be signed in the presence of the Board) Date: \_\_\_\_\_

**CURRENT OWNER**  
 MARINO ALBERT JERRY TRUST  
 MARINO CALOGERO J TRUSTEE  
 40 NORTH TURNPIKE RD  
 WALLINGFORD CT 06492

**TOPO**  
 4 Rolling  
 2 Public Water  
 2 Suburban

**UTILITIES**  
 1 Paved  
 2 Suburban

**STRT./ROAD**  
 2 Suburban

**LOCATION**  
 2 Suburban

**SUPPLEMENTAL DATA**  
 Alt Pct ID 034002011  
 P/Z MAP # ENG MAP #  
 Census: 1759  
 Old MBLU  
 Easement  
 Town Line  
 TC MAP # IND PARK  
 TC MAP #  
 Record Lot  
 GIS ID 2696  
 Assoc Pct#

**CURRENT ASSESSMENT**  
 Description Code Appraised Assessed  
 RES LAND 1-1 101,600 71,100  
 DWELLING 1-3 101,200 70,800  
 Total 202,800 141,900

**PREVIOUS ASSESSMENTS (HISTORY)**  
 Year Code Assessed Y Year Code Assessed  
 2021 1-1 71,100 2020 1-1 72,700 2019 1-1 72,700  
 2021 1-3 70,800 2020 1-3 58,600 2019 1-3 58,600  
 Total 141,900 Total 141,900 Total 131,300

RECORD OF OWNERSHIP		BK	VOL	PAGE	SALE DATE	Q/U	VI	SALE PRICE	VC
MARINO ALBERT JERRY TRUST	1490	0290			01-21-2014	U	I	0	29
ANGELO JOSEPH MARINO TRUST+	1423	0699			10-13-2011	U	I	0	29
MARINO CALOGERO JOE	1421	0048			09-12-2011	Q	I	180,000	00
MARZULLO CHRISTOPHER	1270	0854			10-03-2006	Q	I	281,000	00
RDC REALTY-1 LLC	0976	0208			01-11-2001	U	I	0	03

**EXEMPTIONS**

Year	Code	Description	Amount	Number	Amount	Comm Int
			0.00			
Total			0.00			

**OTHER ASSESSMENTS**

Year	Code	Description	Amount	Number	Amount	Comm Int
Total						

**ASSESSING NEIGHBORHOOD**  
 B Tracing

**NOTES**

1ST=2BR,LR,DR,K,OTHER-1  
 2ND=3BED,1B  
 12/19 SHD=NV=3X4 RUBBER; 8X10 SHD NV  
 WOB  
 1/20 IA; ONLY 1ST FL INSPECTED

**APPRaised VALUE SUMMARY**

Appraised Bldg. Value (Card)	101,200
Appraised Xf (B) Value (Bldg)	0
Appraised Ob (B) Value (Bldg)	0
Appraised Land Value (Bldg)	101,600
Special Land Value	0
Total Appraised Parcel Value	202,800
Valuation Method	C

**BUILDING PERMIT RECORD**

Permit Id	Issue Date	Type	Description	Amount	Insp Date	% Comp	Date Comp	Comments
11255-1	01-29-1999		VINYL SIDING	30,000		100		
10909-3	09-10-1998		RENOV. TO 1S FLOOR	7,500		100		
-4			SHEETROCK I	0		100		
-2				0		100		

**LAND LINE VALUATION SECTION**

B Use Code	Description	Zone	Land Typ	Land Units	Unit Price	Size Adj	Site Index	Cond.	Nbhd.	Nbhd. Adj	Notes	Location Adjustment	Adj Unit P	Land Value			
1	Two Family	R11		11,625 SF	8.37	1.00000	5	0.95	110	1.100	TOPO	1.0000	8.74	101,600			
Total Card Land Units													0.267 AC	Parcel Total Land Area 0.2669		Total Land Value	101,600

<b>CURRENT OWNER</b>	MARINO ALBERT JERRY TRUST	<b>TOPO</b>	4 Rolling	<b>UTILITIES</b>	2 Public Water	<b>STRT / ROAD</b>	1 Paved	<b>LOCATION</b>	2 Suburban	<b>DESCRIPTION</b>	RES LAND DWELLING	<b>CODE</b>	1-1	<b>Appraised</b>	101,600	<b>Assessed</b>	71,100	<b>WALLINGFORD, CT</b>
MARINO CALOGERO J TRUSTEE	40 NORTH TURNPIKE RD	Alt Prcl ID	034002011	<b>SUPPLEMENTAL DATA</b>		P/Z MAP #	ENG MAP					1-3	101,200	70,800				<b>VISION</b>
WALLINGFORD CT 06492		Census:	1759			Old MBLU	Easement											
		TC MAP #				Record Lot	IND PARK											
		Record Lot																
		GIS ID	2696			Assoc Pld#												

<b>RECORD OF OWNERSHIP</b>										<b>PREVIOUS ASSESSMENTS (HISTORY)</b>							
MARINO ALBERT JERRY TRUST	1490	0290	01-21-2014	U	I	I		Year	Code	Assessed	Year	Code	Assessed	V	Year	Code	Assessed
ANGELO JOSEPH MARINO TRUST+	1423	0699	10-13-2011	U	I	I		2020	1-1	71,100	2019	1-1	72,700		2018	1-1	72,700
MARINO CALOGERO JOE	1421	0048	09-12-2011	Q	I	I			1-3	70,800		1-3	58,600			1-3	58,600
MARZULLO CHRISTOPHER	1270	0854	10-03-2006	Q	I	I											
RDC REALTY-1 LLC	0976	0208	01-11-2001	U	I	I											
	Total									141,900			131,300				131,300

<b>EXEMPTIONS</b>					<b>OTHER ASSESSMENTS</b>				
Year	Code	Description	Amount	Code	Description	Number	Amount	Code	Comm Int
			0.00						
<b>ASSESSING NEIGHBORHOOD</b>									
Nbhd	Nbhd Name		B		Tracing		Batch		
110									

**NOTES**

1ST=2BR LR DR,K,OTHER-1

2ND=3BED, 1B

12/19 SHD=NV=3X4 RUBBER; 8X10 SHD NV

WOB

1/20 IA; ONLY 1ST FL INSPECTED

<b>BUILDING PERMIT RECORD</b>									
Permit Id	Issue Date	Type	Description	Amount	Insp Date	% Comp	Date Comp	Comments	
11255-1	01-29-1999		WINYL SIDING,	30,000		100		12-15-2020	
10909-3	09-10-1998		RENOV TO 1S	7,500		100		01-24-2020	
4			FLOOR,	0		100		12-13-2019	
2			SHEETROCK I	0		100		06-20-2015	
								05-20-2010	

<b>LANDLINE VALUATION SECTION</b>										
Use Code	Description	Zone	Land Typ	Land Units	Unit Price	Size Adj	Site Index	Cond.	Nbhd.	Nbhd. Adj
B	1040	Two Family	R11	11,625	SF	8.37	1.00000	0.95	110	1,100
1										

<b>APPRAISED VALUE SUMMARY</b>									
Total Appraised Parcel Value									
Total Appraised Parcel Value									
Total Appraised Parcel Value									

<b>VISIT / CHANGE HISTORY</b>									
Date	Id	Type	Is	Cd	Purpose/Result				
12-15-2020	HH			40	No change				
01-24-2020	FS			00	Measur+Listed				
12-13-2019	WH			01	Measured				
12-13-2019	WH		03	02	1st Callbak				
06-20-2015	V			29	Field Review				
05-20-2010	SR			10	Field Review				
02-01-2010	V				letter Sent - No Response				

Total Card Land Units	0.267	AC	Parcel Total Land Area	0.2669	Total Land Value	101,600
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**CONSTRUCTION DETAIL**

**CONSTRUCTION DETAIL (CONTINUED)**

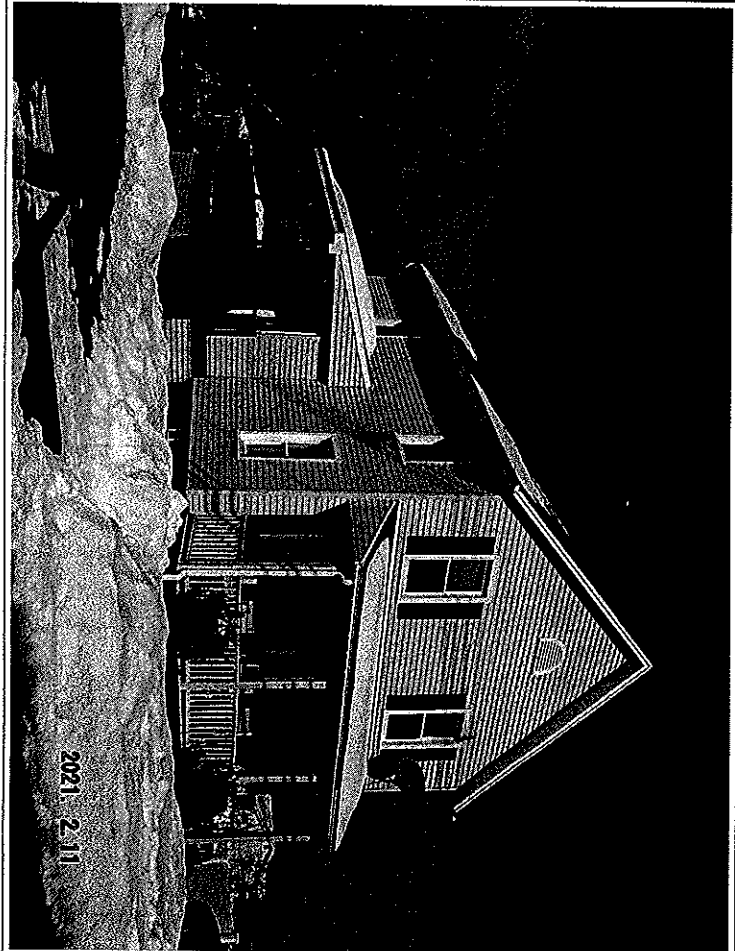
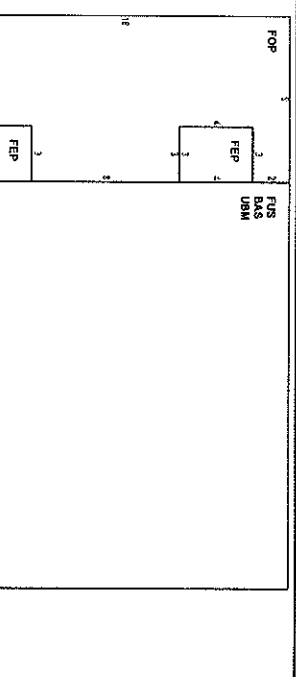
Element	Cd	Description	Element	Cd	Description
Style: 09	01	Multi Family Residential			
Model: C					
Grade: 2		2 Stories			
Stories: 2					
Occupancy: 25		Vinyl Siding			
Exterior Wall 1					
Exterior Wall 2		Gable			
Roof Structure: 03		Asphalt			
Interior Wall 1		Drywall			
Interior Wall 2					
Interior Flr 1	12	Hardwood			
Interior Flr 2	14	Carpet			
Heat Fuel: 03		Gas			
Heat Type: 04		Forced Air-Duc			
AC Type: 01		None			
Total Bedrooms: 03		3 Bedrooms			
Total Bathrooms: 2					
Total Half Baths: 0					
Total Xtra Fixtrs: 8		7 Rooms			
Total Rooms: 02		Average			
Bath Style: 02		Average			
Kitchen Style: Whirlpool Tub					
Fireplaces					

**OB - OUTBUILDING & YARD ITEMS(L) / XF - BUILDING EXTRA FEATURES(B)**

Code	Description	V/B	Units	Unit Price	Yr Bit	Cond.	Cd	% Gd	Grade	Grade Adj.	Appr Value

**BUILDING SUB-AREA SUMMARY SECTION**

Code	Description	Living Area	Floor Area	Eff Area	Unit Cost	Underprec Value
BAS	First Floor	704	704	704	90.19	63,494
FEP	Porch, Enclosed	0	24	14	52.61	1,263
FOP	Porch, Open	0	258	52	18.18	4,690
FUS	Upper Story, Finished	704	704	704	90.19	63,494
UBM	Basement, Unfinished	0	704	141	18.06	12,717
Ttl Gross Liv/Lease Area		1,408	2,394	1,615		145,658



2021-2-11

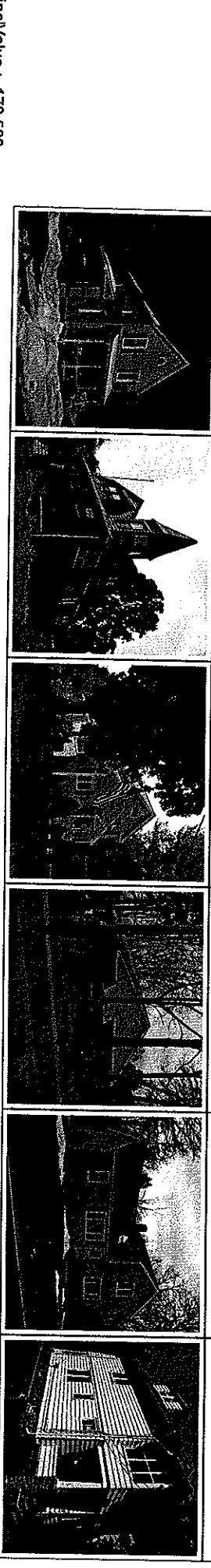


PROPERTY		SUBJECT PARCEL	COMPARABLE #1	COMPARABLE #2	COMPARABLE #3	COMPARABLE #4	COMPARABLE #5
Mblu		135///8/// 120 CONSTITUTION ST	150///1257/// 747 CENTER ST	150///179/// 925 EAST CENTER ST	150///135/// 40 EAST MAIN ST	165///133/// 160 WOODHOUSE AVE	150///1255/// 753 CENTER ST
Location							
Prc Assng Dist		110	110	110	110	110	110
Primary Use		1040	303R	303R	1040	1040	1040
Parcel Value		202,800	300,300	345,600	312,100	305,100	293,100
Sale Date			07-26-2019	05-14-2019	12-28-2018	06-17-2019	10-31-2019
Adjusted Price			276,000 00	320,000 00	275,000 00	288,000 00	275,000 00

BUILDING ATTRIBUTES	Adjustments											
	Effective Year Built	Area Effective	Prc Assng Dist	Grade:	Style Desc	Appraised Bldg Value	Effective Year Built	Area Effective	Prc Assng Dist	Grade:	Style Desc	Appraised Bldg Value
Total Appraised Extra Feat	1985	1615	110	C	Multi Family	101,200	1985,00	2778,00	110	C+	Multi Family	195,100
Total Appraised Outbidg	00	00	00	00	00	00	00	00	00	00	00	00

LAND ATTRIBUTES	Site Index	Condition Factor	Total Appraised Land
	5	0.95	101,600

VALUE SUMMARY	Net Adjustments	Adjusted Price	Adjusted Price/SF	Appraised Price/SF
	-97,500	-97,500	-69,25	213,28





# Town of Wallingford, Connecticut

## BOARD OF ASSESSMENT APPEALS

Thomas Vitali, Chairman  
Carl D. Bonamico, Member  
Robert Avery, Member  
Town Hall, Room 101  
45 South Main Street  
Wallingford, CT 06492  
Phone - 203-294-2001  
Fax - 203-294-2003

Hearing No. 2020-030

### APPLICATION

APPEAL OF ASSESSED VALUATION  
BOARD OF ASSESSMENT APPEALS  
GRAND LIST OF OCTOBER 1, 2020

WALLINGFORD ASSESSOR  
28 JUN 21 AM 11:55

HEARING DATE: \_\_\_\_\_

Property Owner: <u>CALOGERO JOE MARIANO</u>
Name of property Owner <u>CALOGERO JOE MARIANO</u>
Mailing Address <u>40 N. TURNPIKE RD WALLINGFORD 06492</u>
City, State, Zip
Phone <u>203-654-6190 or 203-284-2077</u>

Appellant (if other than owner):
Name of Owner's Agent
Mailing Address
City, State, Zip
Phone

Appellant's Capacity  Owner  Owner's Agent  
(If Agent, attach a copy of Agency Agreement or Power of Attorney. Original agency document must be submitted at hearing.)

CALOGERO JOE MARIANO 6-28-21  
Print applicant name and date

[Signature]  
Applicant signature

Fill out only the section for the property type under appeal.

Motor Vehicle: Year \_\_\_\_\_ Make /Model: \_\_\_\_\_ Plate# \_\_\_\_\_ Mileage \_\_\_\_\_

Real Estate: 40 N. TURNPIKE RD  
(Address and/or Assessor's Map/Block/Lot/Unit Number)

Personal Property: Unique ID: \_\_\_\_\_ DBA: \_\_\_\_\_

If you are submitting an appraisal or other similar evidence, you must submit a copy along with your application.

What MARKET VALUE does the applicant place on the property?: \$ 180,000

Briefly state the basis of the Appeal: TAXES TOO HIGH

(Attach additional page, documentation or appraisal if needed)

**DO NOT WRITE BELOW THIS LINE - BAA Use Only**

I hereby solemnly swear that the testimony I am about to give is true and accurate to the best of my knowledge and belief.

Signature(s) of Owner(s) or Agent: \_\_\_\_\_ (Must be signed in the presence of the Board) Date: \_\_\_\_\_

<b>CURRENT OWNER</b>	<b>TOPO</b>	<b>UTILITIES</b>	<b>STRT/ROAD</b>	<b>LOCATION</b>	<b>CURRENT ASSESSMENT</b>	<b>Assessed</b>
MARINO ANGELO JOSEPH TRUST	1 Level	2 Public Water	1 Paved	2 Suburban	Code	62,900
40 NORTH TURNPIKE RD	Alt Prci ID 068002006	<b>SUPPLEMENTAL DATA</b>			Appraised	113,300
WALLINGFORD CT 06492	Census: 1755	P/Z MAP #			Code	
	Old MBLU	ENG MAP			Year	
	TC MAP # 81	Easement			Assessed V	
	TC MAP # 4180	Town Line			Year	
	Record Lot PARCELA	IND PARK			Code	
	GIS ID 8403	Assoc Pld#			Year	

RECORD OF OWNERSHIP		BK-VOL/PAGE	SALE DATE	QU	VI	SALE PRICE	VC	PREVIOUS ASSESSMENTS (HISTORY)					
MARINO ANGELO JOSEPH TRUST	0948	0203	12-10-1999	U	I	0	04	Year	Code	Assessed	Year	Code	Assessed
MARINO CALOGERO JOE & AGOSTINO	0948	0201	12-10-1999	U	I	0	04	2021	1-1	67,900	2019	1-1	67,900
MARINO CALOGERO JOE	0700	0573	01-27-1987			0	04		1-3	87,100		1-3	87,100
									1-4	6,300		1-4	6,300
	Total								Total	176,200		Total	161,300

EXEMPTIONS		OTHER ASSESSMENTS	
Year	Code	Description	Amount
			Comm Int
			Amount
			Number

Nbrhd	50
Nbrhd Name	B
Tracing	Batch

**NOTES**  
 03/10/2011 - BAA HEARING NO. 2010 - 030  
 10/11/15- 16' RDR  
 INLAW=ACCAPT

BUILDING PERMIT RECORD				VISIT / CHANGE HISTORY									
Permit Id	Issue Date	Type	Description	Amount	Insp Date	% Comp	Date Comp	Date	Id	Type	Is	Cd	Purpose/Result
25086	10-18-2010	RS	Residential	8,000	05-06-2011	100		12-15-2020	HH			40	No change
22744	05-19-2008	RS	Residential	7,123	07-22-2008	100		08-15-2020	LS			29	Field Review
6099-1	02-28-1994			2,000		100		06-23-2020	MG			66	Phone Appt
								05-05-2020	JP	03		01	Measured
								12-07-2015	RH			41	Change
								10-01-2015	RH			14	Q C Interior
								09-01-2015	JG			29	Field Review

LAND LINE VALUATION SECTION																		
B Use Code	Description	Zone	Land Type	Land Units	Unit Price	Size Adj	Site Index	Cond.	Nbhd.	Nbhd. Adj	Notes	Location Adjustment	Adj Unit P	Land Value				
1	1012	SFR In-Law	R18	18,376	SF	5.59	1.00000	5	1.00	50	0.920	TF1	1.0000	89,800				
Total Card Land Units													0.422	AC	Parcel Total Land Area	0.4219	Total Land Value	89,800

**APPRaised VALUE SUMMARY**  
 Appraised Bldg. Value (Card) 143,800  
 Appraised Xf (B) Value (Bldg) 2,200  
 Appraised Ob (B) Value (Bldg) 15,800  
 Appraised Land Value (Bldg) 89,800  
 Special Land Value 0  
 Total Appraised Parcel Value 251,600  
 Valuation Method C

<b>CURRENT OWNER</b> MARINO ANGELO JOSEPH TRUST		<b>TOPO</b> 1 Level	<b>UTILITIES</b> 2 Public Water	<b>STRT/ROAD</b> 1 Paved	<b>LOCATION</b> 2 Suburban	<b>DESCRIPTION</b> RES LAND DWELLING	<b>CODE</b> 1-1	<b>APPRaised</b> 89,800	<b>Assessed</b> 62,900	6148	WALLINGFORD, CT
40 NORTH TURNPIKE RD										<b>VISION</b>	
WALLINGFORD CT	06492										

**SUPPLEMENTAL DATA**  
 Alt Prci ID 068002006  
 Census: 1755  
 Old MBLU  
 TC MAP # 81  
 TC MAP # 4180  
 Record Lot PARCEL A  
 GIS ID 8403  
 P/Z MAP #  
 ENG MAP  
 Easement  
 Town Line  
 IND PARK  
 Assoc Pld#

<b>RECORD OF OWNERSHIP</b>		<b>BK-VOL/PAGE</b>	<b>SALE DATE</b>	<b>QU / VI</b>	<b>SALE PRICE</b>	<b>VC</b>	<b>Year</b>	<b>Code</b>	<b>Assessed</b>	<b>Year</b>	<b>Code</b>	<b>Assessed V</b>	<b>Year</b>	<b>Code</b>	<b>Assessed</b>
MARINO ANGELO JOSEPH TRUST	0948	0203	12-10-1999	U		0	2020	1-1	62,900	2019	1-1	67,900	2018	1-1	67,900
MARINO CALOGERO JOE & AGOSTINO	0948	0201	12-10-1999	U		0								1-3	87,100
MARINO CALOGERO JOE	0700	0573	01-27-1987			0		1-3	113,300		1-3	87,100		1-4	6,300
<b>Total</b>						<b>0</b>		<b>Total</b>	<b>176,200</b>	<b>Total</b>	<b>161,300</b>	<b>Total</b>	<b>161,300</b>	<b>Total</b>	<b>161,300</b>

<b>EXEMPTIONS</b>		<b>Description</b>	<b>Amount</b>	<b>Code</b>	<b>Description</b>	<b>Number</b>	<b>Amount</b>	<b>Comm Int</b>	
Year	Code								
		<b>OTHER ASSESSMENTS</b>							
		<b>ASSESSING NEIGHBORHOOD</b>							
		Tracing							
		Batch							
<b>Total</b>								<b>0.00</b>	

**NOTES**  
 03/10/2011 - BAA HEARING NO. 2010 - 030  
 10/1/15 - 16' RDR  
 1ST=LR, DR, K, 1B  
 2ND=1B, 4 BEDS  
 XTRA FIX = 2 SINKS  
 08 = SHED  
 INLAW=ACC APT

<b>BUILDING PERMIT RECORD</b>		<b>Permit Id</b>	<b>Issue Date</b>	<b>Type</b>	<b>Description</b>	<b>Amount</b>	<b>Insp Date</b>	<b>% Comp</b>	<b>Date Comp</b>	<b>Comments</b>
25086	10-18-2010	RS	Residential	8,000	05-06-2011	100				SIDING
22744	05-19-2008	RS	Residential	7,123	07-22-2008	100				GRG/SHED
6099-1	02-28-1994			2,000		100				

<b>LAND LINE VALUATION SECTION</b>																		
<b>B</b>	<b>Use Code</b>	<b>Description</b>	<b>Zone</b>	<b>Land Typ</b>	<b>Land Units</b>	<b>Unit Price</b>	<b>Size Adj</b>	<b>Site Index</b>	<b>Cond.</b>	<b>Nbhd.</b>	<b>Nbhd. Adj</b>	<b>Notes</b>	<b>Location Adjustment</b>	<b>Adj Unit P</b>	<b>Land Value</b>			
1	1012	SFR In-Law	R18		18,376 SF	5.59	1.00000	5	1.00	50	0.920	TF-1	1.0000	4.89	89,800			
<b>Total Card Land Units</b>													0.422	AC	<b>Parcel Total Land Area</b>	0.4219	<b>Total Land Value</b>	89,800

<b>APPRaised VALUE SUMMARY</b>		<b>Appraised Bldg. Value (Card)</b>	143,800
<b>Appraised Xf (B) Value (Bldg)</b>		2,200	
<b>Appraised Ob (B) Value (Bldg)</b>		15,800	
<b>Appraised Land Value (Bldg)</b>		89,800	
<b>Special Land Value</b>		0	
<b>Total Appraised Parcel Value</b>		251,600	
<b>Valuation Method</b>		C	

<b>PREVIOUS ASSESSMENTS (HISTORY)</b>		<b>Year</b>	<b>Code</b>	<b>Assessed</b>	<b>Year</b>	<b>Code</b>	<b>Assessed</b>
		2019	1-1	62,900	2018	1-1	67,900
		2020	1-1	62,900	2019	1-3	87,100
		2020	1-3	113,300	2018	1-4	6,300
<b>Total</b>	<b>251,600</b>	<b>Total</b>	<b>161,300</b>	<b>Total</b>	<b>161,300</b>	<b>Total</b>	<b>161,300</b>

<b>VISIT / CHANGE HISTORY</b>							
<b>Date</b>	<b>Id</b>	<b>Type</b>	<b>Is</b>	<b>Cd</b>	<b>Purpose/Result</b>		
12-15-2020	HH			40	No change		
08-15-2020	LS			29	Field Review		
06-23-2020	MG			66	Phone Appt		
05-05-2020	JP	03		01	Measured		
12-07-2015	RH			41	Change		
10-01-2015	RH			14	Q C Interior		
09-01-2015	JG			29	Field Review		

**CONSTRUCTION DETAIL**

**CONSTRUCTION DETAIL (CONTINUED)**

Element	Cd	Description	Element	Cd	Description
Style: 06		Conventional Residential			
Model: 01					
Grade: C+					
Stories: 1.75					
Occupancy: 2		Vinyl Siding			
Exterior Wall 1: 25					
Exterior Wall 2: 03		Gable Asphalt			
Roof Structure: 03		Drywall Plastered			
Roof Cover: 05		Carpet			
Interior Wall 1: 03					
Interior Wall 2: 14					
Interior Fir 1: 03		Gas			
Interior Fir 2: 01		Hot Water			
Heat Fuel: 05		None			
Heat Type: 01		3 Bedrooms			
AC Type: 03					
Total Bedrooms: 2					
Total Bathrms: 0					
Total Half Baths: 2					
Total Xtra Fixtrs: 7					
Total Rooms: 02		7 Rooms			
Bath Style: 02		Average			
Kitchen Style: 02		Average			
Whitpool Tub					
Fireplaces					

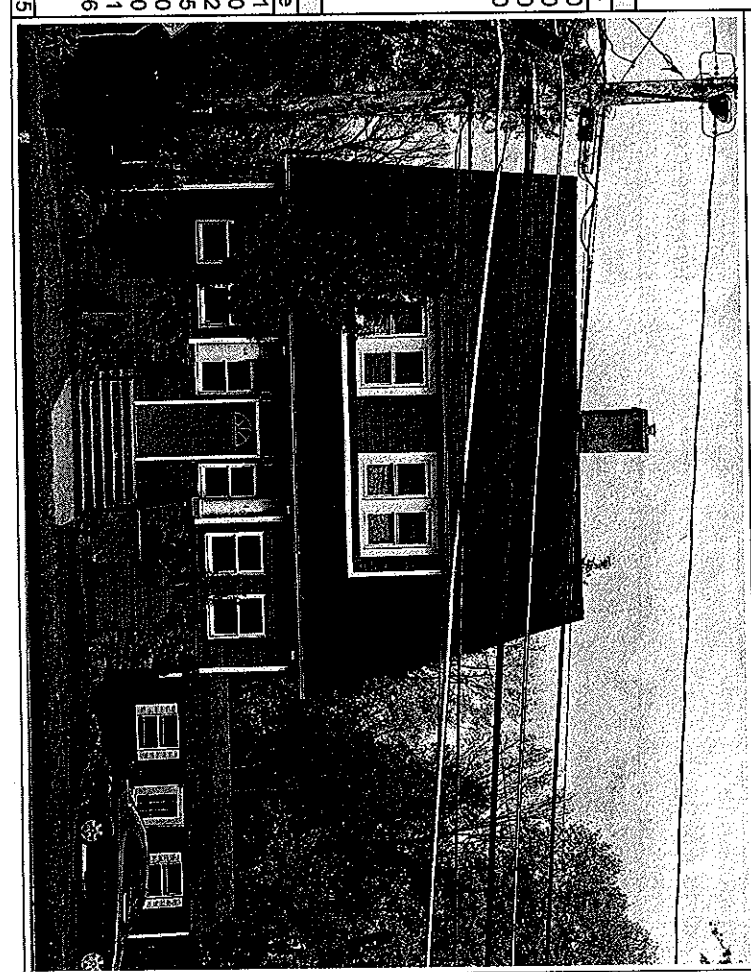
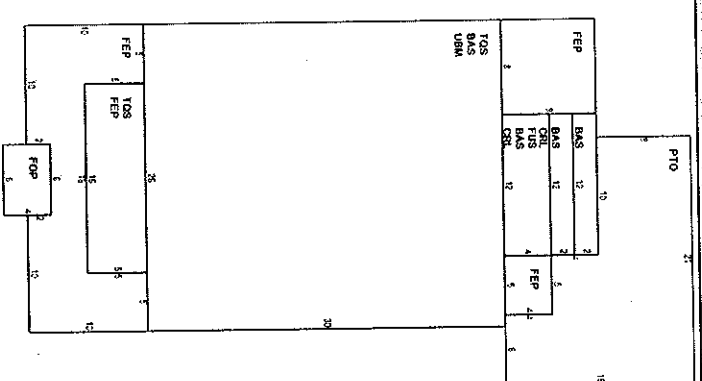
CONDO DATA			
Parcel Id	C	B	Ownr
COST / MARKET VALUATION			
Adjust Type	Code	Description	Factor%
Condo Fir			
Condo Unit			
Building Value New			196,923
Year Built			1917
Effective Year Built			G
Depreciation Code			27
Remodel Rating			1
Year Remodeled			
Depreciation %			
Functional Obsol			
External Obsol			
Trend Factor			
Condition %			
Percent Good			73
RCNLD			143,800
Dep % Ovr			
Dep Ovr Comment			
Misc Imp Ovr			
Misc Imp Ovr Comment			
Cost to Cure Ovr			
Cost to Cure Ovr Comment			

**OB - OUTBUILDING & YARD ITEMS(L) / XF - BUILDING EXTRA FEATURES(B)**

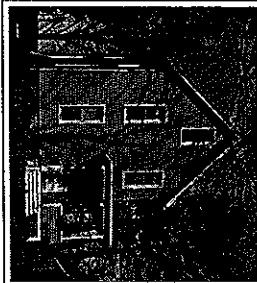
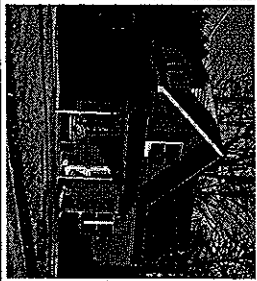
Code	Description	UB	Units	Unit Price	Yr Bit	Cond. Cd	% Gd	Grade	Grade Adj.	Appr. Value
FGRI	Garage-Avg	L	680	35.00	1900	A	50	C	1.00	11,900
SHD1	Shed Frame	L	280	13.00	2008	A	50	C	1.00	1,800
KIT1	Kitchen Avera	B	1	3000.00	1980	A	73	C	0.00	2,200
SHD1	Shed Frame	L	320	13.00	2010	A	50	C	1.00	2,100

**BUILDING SUB-AREA SUMMARY SECTION**

Code	Description	Living Area	Floor Area	Eff Area	Unit Cost	Underprec Value
BAS	First Floor	876	876	876	92.92	81,401
CRL	Crawl Space	0	72	0	0.00	0
FEP	Porch, Enclosed	0	332	199	55.70	18,492
FOP	Porch, Open	0	24	5	19.36	465
FUS	Upper Story, Finished	48	48	48	92.92	4,460
PTO	Patio	0	236	24	9.45	2,230
TOS	Three Quarter Story	688	860	688	74.34	63,931
UBM	Basement, Unfinished	0	780	156	18.58	14,496
TTI Gross Liv / Lease Area		1,612	3,228	1,996		185,475



PROPERTIES	SUBJECT PARCEL	COMPARABLE #1	COMPARABLE #2	COMPARABLE #3	COMPARABLE #4	COMPARABLE #5
Mblu Location Pr Assng Dist Primary Use Parcel Value Sale Date Sale Price Adjusted Price	89///164/// 40 NORTH TURNPIKE RD 50 1012 251,600 05-05-2020 205,000 00	90///9/// 15 STETSON ST 50 1010 212,400 05-05-2020 205,000 00	49///98/// 26 HIGH ST VALESVILLE 50 1010 194,400 04-14-2020 242,000 00	49///21/// 34 HILL AVE 50 1010 290,400 10-30-2018 339,000 00	37///5/// 431 MAIN ST 50 1010 162,100 06-18-2020 165,000 00	
<b>BUILDING ATTRIBUTES</b>	1993 1996 1996 50 C+ Conventional 143,800	1985.00 1829.00 50 C+ Conventional 109,700	1985.00 1595.00 50 C Conventional 98,900	1993.00 2544.00 50 C+ Conventional 184,600	1978.00 1597.00 50 C Conventional 81,900	
Effective Year Built	1993	1985.00	1985.00	1993.00	1978.00	
Area Effective	1996	1829.00	1595.00	2544.00	1597.00	
Pr Assng Dist	50	50	50	50	50	
Grade:	C+	C+	C	C+	C	
Style Desc	Conventional	Conventional	Conventional	Conventional	Conventional	
Appraised Bldg Value	143,800	109,700	98,900	184,600	81,900	61,900
Total Appraised Extra Feet	2,200	00	00	00	00	2,200
Total Appraised Outbidg	15,800	17,300	3,800	10,700	5,100	15,800
<b>LAND ATTRIBUTES</b>						
Site Index	5	5	5	5	5	
Condition Factor	1.00	0.95	1.00	1.00	0.95	
Total Appraised Land	89,800	85,400	91,700	95,100	80,200	9,600
<b>VALUE SUMMARY</b>						
Net Adjustments						
Adjusted Price	39,200	39,200	57,200	-38,800	89,500	
Adjusted Price/SF	24.32	24.32	35.48	-24.07	55.52	
Appraised Price/SF	131.76	131.76	120.6	180.15	100.56	



COMPSIMAGE



Town of Wallingford, Connecticut

BOARD OF ASSESSMENT APPEALS

Thomas Vitali, Chairman
Carl D. Bonamico, Member
Robert Avery, Member
Town Hall, Room 101
45 South Main Street
Wallingford, CT 06492
Phone - 203-294-2001
Fax - 203-294-2003

Hearing No. 2020-162 APPLICATION

APPEAL OF ASSESSED VALUATION
BOARD OF ASSESSMENT APPEALS
GRAND LIST OF OCTOBER 1, 2020

19 FEB 21 PM 12:58
WALLINGFORD ASSESSOR

HEARING DATE: \_\_\_\_\_

Property Owner: Robert Cordova Jr
Name of property Owner: 52 Claremont Ave
Mailing Address: Wallingford, CT 06492
City, State, Zip: 203-645-7706
Phone: \_\_\_\_\_

Appellant (if other than owner):
Name of Owner's Agent: \_\_\_\_\_
Mailing Address: \_\_\_\_\_
City, State, Zip: \_\_\_\_\_
Phone: \_\_\_\_\_

Appellant's Capacity: Owner (selected)
Owner's Agent
(Print name and date) (Applicant signature)

Fill out only the section for the property type under appeal.

Motor Vehicle: Year \_\_\_\_\_ Make /Model: \_\_\_\_\_ Plate# \_\_\_\_\_ Mileage \_\_\_\_\_

Real Estate: \_\_\_\_\_
(Address and/or Assessor's Map/Block/Lot/Unit Number)

Personal Property: Unique ID: \_\_\_\_\_ DBA: express gutters LLC

If you are submitting an appraisal or other similar evidence, you must submit a copy along with your application.

What MARKET VALUE does the applicant place on the property? : \$ 1500.00

Briefly state the basis of the Appeal: Didn't get the 2020 personal property AFFIDAVIT Submitted in time. this is my first time owning a business

DO NOT WRITE BELOW THIS LINE - BAA Use Only

I hereby solemnly swear that the testimony I am about to give is true and accurate to the best of my knowledge and belief.

Signature(s) of Owner(s) or Agent: \_\_\_\_\_ (Must be signed in the presence of the Board) Date: \_\_\_\_\_

Print Name

Motion: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Table with 2 columns: Voting Record, Initials. Rows for Thomas Vitali, Carl Bonamico, Robert Avery.

**2020 PERSONAL PROPERTY DECLARATION – SHORT FORM**  
 Commercial and financial information is not open to public inspection.

**TAXABLE PROPERTY INFORMATION** Give actual acquisition costs including any additional charges for transportation and installation by year for each type of property described.

COPY AND ATTACH ADDITIONAL SHEETS IF NEEDED

Circle One	#12 – Commercial Fishing Apparatus or #17 – Farm machinery	Year Ending	Original cost, transportation & installation	% Good	Depreciated Value
		10-1-20		95%	
		10-1-19		90%	
		10-1-18		80%	
		10-1-17		70%	
		10-1-16		60%	
		10-1-15		50%	
		10-1-14		40%	
		Prior Yrs		30%	
		Total		Total	

Circle One	#18 – Farm Tools or #19 – Mechanics Tools	Year Ending	Original cost, transportation & installation	% Good	Depreciated Value
		10-1-20	\$2000	95%	\$1500
		10-1-19		90%	
		10-1-18		80%	
		10-1-17		70%	
		10-1-16		60%	
		10-1-15		50%	
		10-1-14		40%	
		Prior Yrs		30%	
		Total		Total	

Assessor's Use Only	
#12	
#17	
#18	
#19	
#16	
#20	
#23	
#24	

#16 – Furniture, fixtures and equipment				
Year Ending	Original cost, transportation & installation	% Good	Depreciated Value	
10-1-20		95%		
10-1-19		90%		
10-1-18		80%		
10-1-17		70%		
10-1-16		60%		
10-1-15		50%		
10-1-14		40%		
Prior Yrs		30%		
Total		Total		

# 20 – Electronic data processing equipment				
Year Ending	Original cost, transportation & installation	% Good	Depreciated Value	
10-1-20		95%		
10-1-19		80%		
10-1-18		60%		
10-1-17		40%		
Prior Yrs		20%		
Total		Total		

In accordance with Section 168 IRS Codes  
Computers Only

# 23 – Expensed supplies - The average is the total amount expended on supplies since October 1, 2019 divided by the number of months in business since October 1, 2019.

Year Ending	Total Expended	# of Mo.s	Average Monthly
10-1-20		7	

#24a – Other Goods - including leasehold improvements				
Year Ending	Original cost, transportation & installation	% Good	Depreciated Value	
10-1-20	0	95%	0	
10-1-19		90%		
10-1-18		80%		
10-1-17		70%		
10-1-16		60%		
10-1-15		50%		
10-1-14		40%		
Prior Yrs		30%		
Total		Total		

#24b – Rental Entertainment Medium				
Year Ending	Original cost, transportation & installation	% Good	Depreciated Value	
10-1-20	0	95%	0	
10-1-19		80%		
10-1-18		60%		
10-1-17		40%		
Prior Yrs		20%		
Total		Total		

# of video tapes \_\_\_\_\_ # of DVD movies \_\_\_\_\_  
 # of music CD's \_\_\_\_\_ # of video games \_\_\_\_\_

24a and 24b Total

**Detailed Listing of Disposed Assets Report-** If you disposed of, sold, or transferred a portion of the property included in last year's filing, complete the following. DO NOT INCLUDE DISPOSALS IN TAXABLE PROPERTY INFORMATION

Date Removed	Code #	Description of Item	Date Acquired	Acquisition Cost

**Detailed Listing of Assets Orig Value ≤ \$250**  
 Pursuant to CGS 12-81(79) – Listing of assets purchased prior to 10/1/10 with a value of ≤ \$250

Description of Item	Date Acquired	Acquisition Cost



# 2020 PERSONAL PROPERTY DECLARATION – SHORT FORM SUMMARY SHEET

Commercial and financial information is not open to public inspection

Assessment date **October 1, 2020**

Required return date **November 2, 2020**

List or Account # \_\_\_\_\_

Owner's Name Robert Cordova Jr.

Express Gutters LLC

Address 52 Claremont Ave

DBA

City/State/Zip Wallingford CT 06492

52 Claremont Ave. (Home)

Phone / Fax 203-645-7706

Street location of personal property in Wallingford

E-mail Expressgutters1@gmail.com

Gutter Installation.

Description of business:

Type of ownership:  Corporation  Partnership  LLC  Sole Proprietor  Other-Describe \_\_\_\_\_

Type of business:  Manufacturer  Wholesale  Service  Profession  Retail/Mercantile  Tradesman  Other \_\_\_\_\_

IRS Business Activity Code \_\_\_\_\_

Square footage \_\_\_\_\_

No. of Employees \_\_\_\_\_

#9 Motor Vehicles UNREGISTERED motor vehicles (e.g. campers, RV's, snowmobiles, trailers, trucks, passenger cars, tractors, off-road construction vehicles, etc.) including any vehicle garaged in Connecticut but registered in another state, or any such vehicle not registered at all. If you are a farmer eligible for the exemption under Sec. 12-91, list tractors in Code 17.

Year	Make	Model	Identification No.	Length	Weight	Purchase Price	Date	Value

#11 Horses And Ponies Describe your horses and ponies. A \$1,000 assessment exemption per animal will be applied. If you are a farmer, the exemption may be 100% provided Form M-28 is filed with and approved by the Assessor.

Breed	Age	Registered	Sex	Quality: Breeding/Show/Pleasure/Racing	Value

#14 Mobile Manufactured Homes if not currently assessed as real estate

Year	Make	Model	Identification No.	Length	Width	Bedrooms	Baths	Value

Property Code and Description

Net Depreciated Value From page 2

#12 - Commercial Fishing Apparatus All fishing apparatus exclusively used by a commercial fisherman in his business (e.g., fishing poles, nets, lobster pots, fish finders, etc.). A \$500 value exemption will be applied.

#16 - Furniture & Fixtures Furniture, fixtures and equipment of all commercial, industrial, manufacturing, mercantile, trading and all other businesses, occupation and professions. Examples: desks, chairs, tables, file cabinets, typewriters, calculators, copy machines, telephones (including mobile telephones), telephone answering machines, facsimile machines, postage meters, cash registers, moveable air conditioners, partitions, shelving display racks, refrigerators, freezers, kitchen equipment, etc.

#17 - Farm Machinery Farm machinery (e.g., tractors, harrows, bush hogs, hay bines, hay rakes, balers, corn choppers, milking machines, milk tanks, coolers, chuck wagons, dozers, back hoes, hydroponic farm equipment, aquaculture equipment, etc.), used in the operation of a farm.

#18 - Farming Tools Farm tools, (e.g., hoes, rakes, pitch forks, shovels, hoses, brooms, etc.).

#19 - Mechanics Tools Mechanics tools (e.g., wrenches, air hammers, jacks, sockets, etc.).

#20 - Electronic Data Processing Equipment Electronic data processing equipment (e.g., computers, printers, peripheral computer equipment, and any computer based equipment acting as a computer as defined under Section 168 of the IRS Code of 1986, etc.). Bundled software is taxable and must be included.

#23 - Average Supplies The average monthly quantity of supplies normally consumed in the course of business (e.g., stationery, post-it notes, toner, computer disks, computer paper, pens, pencils, rulers, staplers, paper clips, medical and dental supplies and maintenance supplies, etc.).

#24 - Other All Other Goods, Chattels and Effects Any other taxable personal property not previously mentioned or which does not appear to fit into any of the other categories. (e.g. video tapes, vending machines, pinball games, video games, signs, billboards, coffee makers, water coolers, **leasehold improvements** (other than realty etc.).

Total Assessment – all codes #9 through #24

Subtotal > \$1500.00

#25 - Penalty for failure to file as required by statute – 25% of assessment

Exemption - Check box adjacent to the exemption you are claiming:

I - Mechanic's Tools - \$500 value  M - Commercial Fishing Apparatus - \$500 value

I - Farming Tools - \$500 value  I - Horses/ponies \$1000 assessment per animal

K - Municipal Leased  K - Assets Orig. Cost ≤ \$250 & over 10 years old

All of the following exemptions require a separate application and/or certificate to be filed with the Assessor by the required return date

J - Water Pollution or Air Pollution control equipment – Connecticut DEP certificate required – provide copy

I - Farm Machinery \$100,000 value - Exemption application M-28 required annually

G & H - Distressed Municipality/Enterprise Zone/Enterprise Corridor Zone - Exemption application M-55 required annually

Total Net Assessment

Assessor's Final Assessment Total >

ASSESSOR'S USE ONLY	
Code	ASSESSMENTS
#9	
#9	
#9	
#11	
#11	
#11	
#14	
#12	
#16	
#17	
#18	
#19	
#20	
#23	
#24	
#25	

**LESSEE'S LISTING REPORT** Lessee's Name N/A Pursuant to Connecticut General Statutes §12-57a all leased, borrowed, consigned, loaned, rented, or stored personal property not owned by you but in your possession as of the assessment date must be included on this form. Failure to declare, in the form and manner as herein prescribed, shall result in the presumption of ownership and subsequent tax liability plus penalties. Property you do not lease that may be in your possession and must be reported includes (but is not limited to) dumpsters, gas/propane tanks, vending machines, water coolers, coffee machines.

COPY AND ATTACH ADDITIONAL SHEETS IF NEEDED

- Yes  No  Did you dispose of any leased items that were in your possession on October 1, 2019? If yes, enter a description of the property and the date of disposition in the space to the right. \_\_\_\_\_
- Did you dispose of any leased items that were in your possession on October 1, 2019? If yes, enter a description of the property and the date of disposition in the space to the right. \_\_\_\_\_
- Is the cost of any of the equipment listed below declared anywhere else on this declaration? If yes, note year in the 'Year Included' row and list cost in the 'Acquisition Cost' row.

	Lease #1	Lease #2	Lease #3
Name of Lessor			
Lessor's address			
Lease Number			
Item description / Model #			
Serial #			
Year of manufacture			
Capital Lease	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Lease Term - Beginning/End			
Monthly rent			
Acquisition Cost			
Year Included			

**DECLARATION OF PERSONAL PROPERTY AFFIDAVIT**

THIS FORM MUST BE SIGNED (AND IN SOME CASES WITNESSED) BEFORE IT MAY BE FILED WITH THE ASSESSOR.

AVOID PENALTY - IMPROPERLY SIGNED DECLARATIONS REQUIRE A 25% PENALTY

COMPLETE SECTION A OR SECTION B

**Section A**

**OWNER** I DO HEREBY declare under penalty of false statement that all sections of this declaration have been completed according to the best of my knowledge, remembrance, and belief; that it is a true statement of all my personal property liable to taxation; and that I have not conveyed or temporarily disposed of any estate for the purpose of evading the laws relating to the assessment and collection of taxes as per Connecticut General Statutes §12-49.

- CHECK ONE  OWNER  PARTNER  
 CORPORATE OFFICER  MEMBER

Signature

*Robert Cordova Jr.*  
 Signature/Title  
Robert Cordova Jr.  
 Print or type name

Dated

02/18/2021

**Section B**

**AGENT** I DO HEREBY declare under oath that I have been duly appointed agent for the owner of the property listed herein and that I have full authority and knowledge sufficient to file a proper declaration for him in accord with the provisions of §12-50 C.G.S.

Agent's Signature

\_\_\_\_\_  
 Agent's Signature / Title  
 \_\_\_\_\_  
 Print or type agent's name

Dated

\_\_\_\_\_

**AGENT SIGNATURE MUST BE WITNESSED**

Witness of agent's sworn statement

Subscribed and sworn to before me - \_\_\_\_\_

Dated

\_\_\_\_\_

Circle one: Assessor or staff member, Town Clerk, Justice of the Peace, Notary or Commissioner of Superior Court

The Personal Property Declaration must be signed above and delivered to the Wallingford Assessor or postmarked (as defined in C.G.S. Sec. 1-2a) by Monday, November 2, 2020 -OR- a 25% Penalty as required by law shall be applied.

**PERSONAL PROPERTY RECORD  
TOWN OF WALLINGFORD**

**GENERAL DATA:**

Unique ID: 20200143  
**BUSINESS ADDRESS**  
 Owner Name:  
 Doing Bus. As:  
 Care Of:  
 Street:  
 City:  
 State:  
 Property Loc:  
 Bus.Start:  
 Bus. Sq. Ft.:

EXPRESS GUTTERS LLC  
 EXPRESS GUTTERS LLC  
 ROBERT CORDOVA  
 52 CLAREMONT AVE  
 WALLINGFORD  
 CT Zip: 06492-0000  
 52 CLAREMONT AVE  
 \_\_\_/\_\_\_/\_\_\_ Type:

List No.: 40784      Assessment Year: 2020  
 District:  
 Phone: 000 000-0000 EXT: 0000

**DATE: 02/19/2021**

Record Status: ACTIVE  
 Street Code:  
 Delinquent:  
 Last Visited: \_\_\_/\_\_\_/\_\_\_  
 By whom:  
 Last Audited: \_\_\_/\_\_\_/\_\_\_  
 By whom:  
 Last Changed: 12/31/2020  
 Change Reason:

**VALUES AND EXEMPTIONS:**

**ASSESSMENT**

CODES	QUANTITY	DEPR. VALUE	ASSMT
24		7,143	5,000
25			1,250

Penalty:                      Filed Late

**EXEMPTIONS**

EX. CODE	APP. DATE	EX. AMT.

Total Value:                      7,143                      **New Gross Assmt:6250**                      **Total Exempt:**                      **Net Assmt:6250**  
 Old Gross Assmt:

**HISTORY:**

YEAR	CODE	ASSESS	CODE	ASSESS	CODE	ASSESS	TOTAL
2020	24	5000	25	1250			6250



*Town of Wallingford, Connecticut*

**Rhonda Caswell**  
Property Appraiser

Department of Finance  
Assessing Division

203-294-2001 Phone  
203-294-2003 Fax

## MEMORANDUM

**Date:** March 1, 2020  
**To:** Shelby P. Jackson III, Assessor  
**Cc:**  
**From:** Rhonda Caswell *RC*  
**RE:** Robert Cordova DBA Express Gutters  
**Hearing #:** 2020-162

---

**Current Assessed Value:** \$6,250

**Appellant's estimate of Market Value:** \$1,500 (\$1,050 assessed)

**Notes:**

- Filed 2020 Declaration with appeal
- No supplies listed on declaration
- Assessment estimated based on general business startup costs

**Recommendation:**

No change



# Town of Wallingford, Connecticut

## BOARD OF ASSESSMENT APPEALS

Thomas Vitali, Chairman  
 Carl D. Bonamico, Member  
 Robert Avery, Member  
 Town Hall, Room 101  
 45 South Main Street  
 Wallingford, CT 06482  
 Phone - 203-294-2001  
 Fax - 203-294-2003

Hearing No. 2020-163 APPLICATION

APPEAL OF ASSESSED VALUATION  
 BOARD OF ASSESSMENT APPEALS  
 GRAND LIST OF OCTOBER 1, 2020

HEARING DATE: \_\_\_\_\_

Property Owner: Onelia Grego / Bana A. Mori  
 Name of property Owner: Onelia Grego  
 Mailing Address: 550 South Colony Rd  
Wallingford Ct 06492  
 City, State, Zip: Wallingford, CT 06492  
 Phone: (203) 887-1721 / (203) 800-1410

Appellant (if other than owner):  
 Name of Owner's Agent: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Appellant's Capacity  Owner  Owner's Agent  
 (If Agent, attach a copy of Agency Agreement or Power of Attorney. Original agency document must be submitted at hearing.)

Onelia Grego 2/18/21  
 Print applicant name and date

Onelia Grego  
 Applicant signature

Fill out only the section for the property type under appeal.

Motor Vehicle: Year \_\_\_\_\_ Make / Model: \_\_\_\_\_ Plate# \_\_\_\_\_ Mileage \_\_\_\_\_

Real Estate: \_\_\_\_\_  
(Address and/or Assessor's Map/Block/Lot/Unit Number)

Personal Property: Unique ID: 20200002 DBA: Vandy Beauty Bar, LLC

If you are submitting an appraisal or other similar evidence, you must submit a copy along with your application.

What MARKET VALUE does the applicant place on the property? \$ 4620<sup>00</sup>

Briefly state the basis of the Appeal: Business established Nov. 2019.

This is the first time ever receiving any notices of  
assessment of personal property appraisal if needed

DO NOT WRITE BELOW THIS LINE - BAA Use Only

I hereby solemnly swear that the testimony I am about to give is true and accurate to the best of my knowledge and belief.

Signature(s) of Owner(s) or Agent: \_\_\_\_\_ Date: \_\_\_\_\_  
(Must be signed in the presence of the Board)

Print Name: \_\_\_\_\_

Motion: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Voting Record	Initials
Thomas Vitali	_____
Carl Bonamico	_____
Robert Avery	_____

**Appeals to the Wallingford Board of Assessment Appeals**

- Mirrors - 100.00 x 4 = \$400
  - Chairs - 50.00 x 4 = \$200
  - Stations - 100 x 4 = \$400.00
  - Desk - 1,200
  - Lighting - 80 x 4 = \$320
  - Shampoo Sinks - 700 x 300 = \$2,100.00
- 
- \$4,620.00

Town of Wallingford  
Assessor's Office  
45 South Main St  
Wallingford, CT 06492  
Return Service Requested

MILED ASSESSOR  
18 FEB 21 PM 1:57

Wallingford, Connecticut

2020 Declaration of Personal Property - Short Form

**Who Should File:** All owners of taxable personal property. If you no longer own the above noted business or personal property assessed in your name last year, you need only to complete the AFFIDAVIT OF BUSINESS CLOSING OR MOVE OF BUSINESS OR SALE OF BUSINESS below and return this declaration to the Assessor. If you do not, the Assessor must assume that you are still operating the business or still own and have failed to declare your taxable personal property.

**Extension:** The Assessor may grant a filing extension for good cause (CGS §12-42 & 12-41K). If a request for an extension is received, you need to request the filing extension in writing on or before November 1 (or the Monday following if November 1 falls on Saturday or Sunday) (PA 15-200).

**Completer:** Complete the entire declaration. Writing "Same as last year" is not acceptable. Do not forget the DETAILED LISTING OF DISPOSED ASSETS REPORT (page 2) and the LESSEE'S LISTING REPORT (page 4).

**Penalty for late filing - Failure to file timely will result in a penalty equal to 25% of the assessment of the personal property. This declaration must be filed or postmarked (as defined in C.G.S. Sec. 1-2a) no later than:**

**Signature Required:** The owners shall sign the DECLARATION OF PERSONAL PROPERTY AFFIDAVIT (page 4). The owner's agent may sign the declaration, in which case the declaration must be duly sworn to or notarized.

Monday, November 2, 2020

Wallingford Assessor's Office

Direct questions concerning declaration to the Assessor's Office at  
Phone: 203-294-2001 Fax: 203-294-2003

Hand deliver declaration to: Mail declaration to:  
Town of Wallingford Town of Wallingford  
Assessor's Office Assessor's Office  
45 South Main St 45 South Main St  
Wallingford, CT 06492 Wallingford, CT 06492

Check Off List:

- Read instructions
- Complete appropriate sections
- Complete exemption applications
- Complete disposed asset report
- Corporations complete all of page 3
- Make a copy for your records
- Sign, date & witness as required on page 4
- Return by November 2, 2020.

AFFIDAVIT OF BUSINESS TERMINATION OR MOVE OR SALE OF BUSINESS OR PROPERTY

Angela Greco of Vanity Beauty Bar LLC at 850 S Colby Rd Unit D  
Business or property owners name Business Name (if applicable) Street location in Wallingford

With regards to said business or property I do so certify that on \_\_\_\_\_ Date Said business or property was (indicate which one by circling):

**SOLD TO:** \_\_\_\_\_ Name \_\_\_\_\_ Address \_\_\_\_\_

**MOVED TO:** \_\_\_\_\_ City/Town and State to where business or property was moved \_\_\_\_\_ Address \_\_\_\_\_

**TERMINATED:** Attach Bill of Sale or Letter of dissolution to this form and return it with this affidavit to the Assessor's office

The signer is made aware that the penalty for making a false affidavit is a \$500.00 fine or imprisonment for one year or both.

Signature \_\_\_\_\_ Print name \_\_\_\_\_

This form may NOT be used by utility companies, telecommunication companies, lessors, or persons claiming manufacturing machinery and equipment (Codes 10 or 13)

### 2020 PERSONAL PROPERTY DECLARATION - SHORT FORM

Commercial and financial information is not open to public inspection.

**TAXABLE PROPERTY INFORMATION.** Give actual acquisition costs including any additional charges for transportation and installation by year for each type of property described.

**COPY AND ATTACH ADDITIONAL SHEETS IF NEEDED.**

Circle One	#12 - Commercial Fishing Apparatus or #17 - Farm machinery	Original cost, transportation & installation	% Good	Depreciated Value	Circle One	#18 - Farm Tools or #19 - Mechanics Tools	Original cost, transportation & installation	% Good	Depreciated Value	Assessor's Use Only
Year Ending					Year Ending					
10-1-20			85%		10-1-20			85%		#12
10-1-19			80%		10-1-19			80%		#17
10-1-18			80%		10-1-18			80%		#18
10-1-17			70%		10-1-17			70%		#19
10-1-16			60%		10-1-16			60%		
10-1-15			50%		10-1-15			50%		
10-1-14			40%		10-1-14			40%		
Prior Yrs			30%		Prior Yrs			30%		
Total			Total		Total			Total		

Year Ending	Original cost, transportation & installation	% Good	Depreciated Value	Year Ending	Original cost, transportation & installation	% Good	Depreciated Value
10-1-20	4,600.00	95%		10-1-20		95%	
10-1-19		90%		10-1-19		90%	
10-1-18		80%		10-1-18		80%	
10-1-17		70%		10-1-17		70%	
10-1-16		60%		10-1-16		60%	
10-1-15		50%		10-1-15		50%	
10-1-14		40%		10-1-14		40%	
Prior Yrs		30%		Prior Yrs		30%	
Total		Total		Total		Total	

Year Ending	Total Expended	# of Mo.'s	Average Monthly
10-1-20			

Year Ending	Original cost, transportation & installation	% Good	Depreciated Value	Year Ending	Original cost, transportation & installation	% Good	Depreciated Value
10-1-20		85%		10-1-20		85%	
10-1-19		80%		10-1-19		80%	
10-1-18		80%		10-1-18		80%	
10-1-17		70%		10-1-17		70%	
10-1-16		60%		10-1-16		60%	
10-1-15		50%		10-1-15		50%	
10-1-14		40%		10-1-14		40%	
Prior Yrs		30%		Prior Yrs		30%	
Total		Total		Total		Total	

# of video tapes	# of DVD movies
# of music CD's	# of video games
24a and 24b. Total	

**Detailed Listing of Disposed Assets Report** - If you disposed of, sold, or transferred a portion of the property included in last year's filing, complete the following. **DO NOT INCLUDE DISPOSALS IN TAXABLE PROPERTY INFORMATION**

Date Removed	Code #	Description of Item	Date Acquired	Acquisition Cost

**Detailed Listing of Assets Orig Value ≤ \$250**

Pursuant to CGS 12-81(79) - Listing of assets purchased prior to 10/1/70 with a value of ≤ \$250

Description of Item	Date Acquired	Acquisition Cost



### 2020 PERSONAL PROPERTY DECLARATION - SHORT FORM SUMMARY SHEET

Commercial and financial information is not open to public inspection

Assessment date October 1, 2020

Required return date November 2, 2020

List of Account #

Owner's Name

Address

City/State/Zip

Phone / Fax

E-mail

ANGELA GREGG  
850 S. COLONY Rd.  
Wallingford Ct 06493  
1203387-1721  
greggangel@gmail.com

DBA

Street location of personal property in Wallingford

Hair Salon

Description of business

Type of ownership:  Corporation  Partnership  LLC  Sole Proprietor  Other Describe

Type of business:  Manufacturer  Wholesale  Service  Profession  Retail Merchant  Tradesman  Other

IRS Business Activity Code

Square footage 1,000 No. of Employees 4

#9 Motor Vehicles UNREGISTERED motor vehicles (e.g., campers, RVs, snowmobiles, trailers, trucks, passenger cars, vans, off-road motorcycles, mopeds, etc.) including any vehicle garaged in Connecticut but registered in another state, or any water vehicle not registered at all. If you are a farmer, eligible for the exemption under Sec. 12-91, list vehicles in Code 17.

Year	Make	Model	Identification No.	Length	Weight	Purchase Price	Date	Value

#11 Horses And Ponies Describe your horses and ponies. A \$1,000 assessment exemption per animal will be applied. If you are a farmer, the exemption may be 100% provided Form M-28 is filed with and approved by the Assessor.

Breed	Age	Registered	Sex	Quantity	Value

#14 Mobile Manufactured Homes if not currently assessed as real estate

Year	Make	Model	Identification No.	Length	Width	Bedrooms	Baths	Value

Property Code and Description

Net Depreciated Value from page 2

#12 - Commercial Fishing Apparatus All fishing apparatus exclusively used by a commercial fisherman in his business (e.g., fishing poles, nets, lobster pots, fish finders, etc.). A \$500 value exemption will be applied.	#12
#16 - Furniture & Fixtures Furniture, fixtures and equipment of all commercial, industrial, manufacturing, mercantile, trading and all other businesses, occupation and profession. Examples: desks, chairs, tables, file cabinets, typewriters, calculators, copy machines, telephones (including mobile telephones), telephone answering machines, forklifts, machines, postage meters, cash registers, moveable air conditioners, partitions, shelving display racks, refrigerators, freezers, kitchen equipment, etc.	#16
#17 - Farm Machinery Farm machinery (e.g., tractors, harrows, bush hogs, hay bines, hay mows, balers, corn choppers, milking machines, milk tanks, coolers, truck wagons, dozers, backhoes, hydroponic farm equipment, aquaculture equipment, etc.), used in the operation of a farm.	#17
#18 - Farming Tools Farm tools (e.g., hoes, rakes, pitch forks, shovels, hoses, brooms, etc.).	#18
#19 - Mechanics Tools Mechanics tools (e.g., wrenches, air hammer, jacks, sockets, etc.).	#19
#20 - Electronic Data Processing Equipment Electronic data processing equipment (e.g., computers, printers, peripheral computer equipment, and any computer based equipment acting as a computer as defined under Section 188 of the IRS Code of 1986, etc.). Bundled software is taxable and must be included.	#20
#23 - Average Supplies The average monthly quantity of supplies normally consumed in the course of business (e.g., stationary, post-it notes, toner, copier ink, computer paper, pens, pencils, rulers, staplers, paper clips, medical and dental supplies and maintenance supplies, etc.).	#23
#24 - Other All Other Goods, Chattels and Effects Any other taxable personal property not previously mentioned or which does not appear to fit into any of the other categories. (e.g., video tapes, vending machines, pinball games, video games, signs, boards, coffee makers, water coolers, household improvements (other than realty, etc.).	#24
<b>Total Assessment - all codes #9 through #24</b>	<b>Subtotal &gt;</b>

#25 - Penalty for failure to file as required by statute - 25% of assessment

Exemption - Check box adjacent to the exemption you are claiming:

- I - Mechanic's Tools - \$500 value
- M - Commercial Fishing Apparatus - \$500 value
- J - Farming Tools - \$500 value
- U - Horses/ponies \$1000 assessment per animal
- K - Municipal Leased
- K - Assets Orig. Cost ≤ \$250 & over 10 years old

All of the following exemptions require a separate application and/or certificate to be filed with the Assessor by the required return date

- J - Water Pollution or Air Pollution control equipment - Connecticut DEP certificate required - provide copy
- L - Farm Machinery \$100,000 value - Exemption application M-28 required annually
- G & H - Distressed Municipality/Enterprise Zone/Enterprise Corridor Zone - Exemption application M-55 required annually

Total Net Assessment

Assessor's Final Assessment Total >

**LESSEE'S LISTING REPORT** Lessee's Name Angela Greco Permitted by Connecticut General Statutes §12-57a  
 all leased, borrowed, consigned, loaned, rented, or stored personal property not owned by you but in your possession or of the lessee must be included on this form. Failure to declare, in the time and manner as herein prescribed, shall result in the presumption of ownership and subsequent tax liability plus penalties. Property you do not lease that may be in your possession and must be reported includes (but is not limited to) computers, gas/propane tanks, vending machines, water heaters, coffee makers, etc.

**COPY AND ATTACH ADDITIONAL SHEETS IF NEEDED**

- Yes  No  Did you dispose of any leased items that were in your possession on October 1, 2019? If yes, enter a description of the property and the date of disposition in the space to the right.
- Yes  No  Did you dispose of any leased items that were in your possession on October 1, 2019? If yes, enter a description of the property and the date of disposition in the space to the right.
- Yes  No  Is the cost of any of the equipment listed below declared anywhere else on this declaration? If yes, note year in the "Year included" row and list cost in the "Acquisition Cost" row.

	Lease #1	Lease #2	Lease #3
Name of Lessor			
Lessor's address			
Lease Number			
Item description / Model #			
Serial #			
Year of manufacture			
Capital Lease	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Lease Term - Beginning/End			
Monthly rent			
Acquisition Cost			
Year included			

**DECLARATION OF PERSONAL PROPERTY AFFIDAVIT**

THIS FORM MUST BE SIGNED (AND IN SOME CASES WITNESSED) BEFORE IT MAY BE FILED WITH THE ASSESSOR.  
 AVOID PENALTY - IMPROPERLY SIGNED DECLARATIONS REQUIRE A 25% PENALTY.  
 COMPLETE SECTION A OR SECTION B

**Section A**

**OWNER** I DO HEREBY declare under penalty of false statement that all sections of this declaration have been completed according to the best of my knowledge, remembrance, and belief; that it is a true statement of all my personal property liable to taxation; and that I have not conveyed or temporarily disposed of any estate for the purpose of evading the laws relating to the assessment and collection of taxes as per Connecticut General Statutes §12-49.

- CHECK ONE  OWNER  PARTNER  CORPORATE OFFICER  MEMBER

Signature

*Angela Greco*

Signature/Title

Angela Greco

Print or type name

Dated: 2/18/21

**Section B**

**AGENT** I DO HEREBY declare under oath that I have been duly appointed agent for the owner of the property listed herein and that I have full authority and knowledge sufficient to file a proper declaration for him in accord with the provisions of §12-50 C.G.S.

Agent's Signature

Agent's Signature/Title

Dated

AGENT SIGNATURE MUST BE WITNESSED

Witness of agent's sworn statement

Subscribed and sworn to before me

Dated

Circle one: Assessor or staff member, Town Clerk, Justice of the Peace, Notary or Commissioner of Superior Court

The Personal Property Declaration must be signed above and delivered to the Wallingford Assessor or postmarked (as defined in C.G.S. Sec. 1-2a) by Monday, November 2, 2020 -OR- a 25% Penalty as required by law shall be applied.

PERSONAL PROPERTY DECLARATION DETAILS REPORT - FILED RECORD

ASSM YEAR: 2020  
UNIQUE ID: 20200002  
LIST NO: 0043382  
RECEIVED: 12/29/2020  
STATUS: ACTIVE

VANITY BEAUTY BAR LLC  
ANGELA GRECO  
850 D SOUTH COLONY RD  
WALLINGFORD CT 06492

---

Record Details

Prop Loc: 850 SOUTH COLONY RDUNIT D  
C/O ANGELA GRECO  
BUS. TYPE 3000  
SOURCE TYPE 07  
PHONE # 203-887-1721

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<u>ITEM CODE</u>		<u>100% ASSM</u>	<u>70% ASSM</u>
24	0.00	14,286	10,000
25	0.00	10,000	2,500

TOTAL GROSS 12,500  
TOTAL EXEMPT  
TOTAL GROSS 12,500

NOTE:  
EST 10K ASSM PLUS PENALTY



*Town of Wallingford, Connecticut*

**Rhonda Caswell**  
Property Appraiser

Department of Finance  
Assessing Division

203-294-2001 Phone  
203-294-2003 Fax

## MEMORANDUM

**Date:** March 4, 2020  
**To:** Shelby P. Jackson III, Assessor  
**Cc:**  
**From:** Rhonda Caswell *RC*  
**RE:** Vanity Beauty Bar  
**Hearing #:** 2020-163

---

**Current Assessed Value:** \$12,500

**Appellant's estimate of Market Value:** \$4,620 (\$3,070 assessed)

**Notes:**

- Filed 2020 Declaration with appeal
- No supplies listed on declaration
- Leasehold improvements not declared
- \$6000 in permits
- Estimated assessment based on general business startup costs plus penalty

**Recommendation:**

No change



# Town of Wallingford, Connecticut

## BOARD OF ASSESSMENT APPEALS

Thomas Vitali, Chairman  
Carl D. Bonamico, Member  
Robert Avery, Member

Town Hall, Room 101  
45 South Main Street  
Wallingford, CT 06492

Phone - 203-294-2001  
Fax - 203-294-2003

Hearing No. 2020-164

### APPLICATION

APPEAL OF ASSESSED VALUATION  
BOARD OF ASSESSMENT APPEALS  
GRAND LIST OF OCTOBER 1, 2020

HEARING DATE: \_\_\_\_\_

18 FEB 21 AM 10:25  
MFD ASSESSOR

Property Owner:
Name of property Owner <u>Ruth Harris</u>
Mailing Address <u>44 Fair St</u>
City, State, Zip <u>Wallingford, CT 06492</u>
Phone <u>203-265-1327</u>

Appellant (if other than owner):
Name of Owner's Agent
Mailing Address
City, State, Zip
Phone

Appellant's Capacity       Owner       Owner's Agent  
(If Agent, attach a copy of Agency Agreement or Power of Attorney. Original agency document must be submitted at hearing.)

Ruth Harris  
Print applicant name and date

Ruth Harris  
Applicant signature

Fill out only the section for the property type under appeal.

Motor Vehicle: Year \_\_\_\_\_ Make /Model: \_\_\_\_\_ Plate# \_\_\_\_\_ Mileage \_\_\_\_\_

Real Estate: \_\_\_\_\_  
(Address and/or Assessor's Map/Block/Lot/Unit Number)

Personal Property: Unique ID: \_\_\_\_\_ DBA: \_\_\_\_\_

If you are submitting an appraisal or other similar evidence, you must submit a copy along with your application.

What MARKET VALUE does the applicant place on the property?: \$ 100<sup>00</sup>

Briefly state the basis of the Appeal: Somehow the paper work got  
filed but not completed. I have a small office and  
my furniture is at least 15 yrs old. My computer  
more than 10 yr old

**DO NOT WRITE BELOW THIS LINE - BAA Use Only**

**I hereby solemnly swear that the testimony I am about to give is true and accurate to the best of my knowledge and belief.**

Signature(s) of  
Owner(s) or Agent: \_\_\_\_\_ (Must be signed in the presence of the Board)      Date: \_\_\_\_\_

PERSONAL PROPERTY DECLARATION DETAILS REPORT - NONFILED RECORD

ASSM YEAR: 2020  
UNIQUE ID: H0019500  
LIST NO: 0040958  
RECEIVED:  
STATUS: ACTIVE

HARRIS RUTH & JOHN BRUCE  
ADDICTION & RECOVERY CONSULTANTS  
44 FAIR ST  
WALLINGFORD CT 06492

Record Details

Prop Loc: 44 FAIR ST  
BUS. TYPE 1960  
STREET CODE S  
PHONE # 203-265-1327

<u>ITEM CODE</u>		<u>100% ASSM</u>	<u>70% ASSM</u>
16	0.00	300	210
20	0.00	143	100
23	0.00	14	10
24	0.00	114	80
25	0.00	143	100

TOTAL GROSS 500  
TOTAL EXEMPT  
TOTAL GROSS 500



*Town of Wallingford, Connecticut*

**Rhonda Caswell**  
Property Appraiser

Department of Finance  
Assessing Division

203-294-2001 Phone  
203-294-2003 Fax

## MEMORANDUM

**Date:** March 1, 2020  
**To:** Shelby P. Jackson III, Assessor  
**Cc:**  
**From:** Rhonda Caswell  
**RE:** Ruth Harris *RC*  
**Hearing #:** 2020-164

---

**Current Assessed Value:** \$500

**Appellant's estimate of Market Value:** \$100 (\$70 assessed)

**Notes:**

- Filed 2020 Declaration after appeal
- Spoke with Ms. Harris 3/1/2021 and she filed declaration same day but declaration doesn't include computer or supplies as prior declarations.

**Recommendation:**

No change



Town of Wallingford, Connecticut

BOARD OF ASSESSMENT APPEALS

Thomas Vitali, Chairman
Carl D. Bonamico, Member
Robert Avery, Member
Town Hall, Room 101
45 South Main Street
Wallingford, CT 06492
Phone - 203-294-2001
Fax - 203-294-2003

FILED 09395908
FEB 21 PM 12:09

Hearing No. 2020-168 APPLICATION

APPEAL OF ASSESSED VALUATION
BOARD OF ASSESSMENT APPEALS
GRAND LIST OF OCTOBER 1, 2020

HEARING DATE: \_\_\_\_\_

Property Owner:
Name of property Owner: CONTROLLED FLUIDOICS
Mailing Address: 18 HOLLOW OAK LN
City, State, Zip: MITCHELL, NH 03055
Phone: 603-673-4323

Appellant (if other than owner):
Name of Owner's Agent:
Mailing Address:
City, State, Zip:
Phone:

Appellant's Capacity: [x] Owner [ ] Owner's Agent
(if Agent, attach a copy of Agency Agreement or Power of Attorney. Original agency document must be submitted at hearing.)

THOMAS ROHUES 2-11-21
Print applicant name and date

[Signature]
Applicant signature

Fill out only the section for the property type under appeal.

Motor Vehicle: Year \_\_\_\_\_ Make /Model: \_\_\_\_\_ Plate# \_\_\_\_\_ Mileage \_\_\_\_\_

Real Estate: \_\_\_\_\_
(Address and/or Assessor's Map/Block/Lot/Unit Number)

Personal Property: Unique ID: 20190119 DBA: CONTROLLED FLUIDOICS

If you are submitting an appraisal or other similar evidence, you must submit a copy along with your application.

What MARKET VALUE does the applicant place on the property? : \$ \_\_\_\_\_

Briefly state the basis of the Appeal: MISTAKENLY CLASSIFIED
TWO ITEMS (\$42,153 + \$5,000) IN CODE 10.
SHOULD BE IN CODE 13

DO NOT WRITE BELOW THIS LINE - BAA Use Only

I hereby solemnly swear that the testimony I am about to give is true and accurate to the best of my knowledge and belief.

Signature(s) of Owner(s) or Agent: [Signature] Date: 2-11-21
Print Name: THOMAS ROHUES

Motion: \_\_\_\_\_

Table with 3 columns: Voting Record, Initials. Rows for Thomas Vitali, Carl Bonamico, Robert Avery.



**PERSONAL PROPERTY DECLARATION DETAILS REPORT - FILED RECORD**

ASSM YEAR: 2020  
 UNIQUE ID: 20190119  
 LIST NO: 0043273  
 RECEIVED: 11/02/2020  
 STATUS: ACTIVE

CONTROLLED FLUIDICS  
 ACCOUNTING DEPT  
 18 HOLLOW OAK LANE  
 MILFORD NH 03055

Record Details

Prop Loc: 1262 OLD COLONY RD  
 C/O ACCOUNTING DEPT  
 BUS. TYPE 1625  
 SOURCE TYPE 05  
 STREET CODE L  
 PHONE # 603-673-4323

<u>ITEM CODE</u>		<u>100% ASSM</u>	<u>70% ASSM</u>
10	0.00	43,533	30,470
13	0.00	393,228	275,260
16	0.00	678	480
19	0.00	888	620
20	0.00	690	480
23	0.00	66	50
24	0.00	360	250

EXEMPTION  
CODE

EXEMPT AMT

U

275,260

TOTAL GROSS 307,610  
 TOTAL EXEMPT 275,260  
 TOTAL GROSS 32,350



*Town of Wallingford, Connecticut*

**Rhonda Caswell**  
Property Appraiser

Department of Finance  
Assessing Division

203-294-2001 Phone  
203-294-2003 Fax

## MEMORANDUM

**Date:** March 2, 2020  
**To:** Shelby P. Jackson III, Assessor  
**Cc:**  
**From:** Rhonda Caswell *RC*  
**RE:** Controlled Fluidics  
**Hearing #:** 2020-168

---

**Current Assessed Value:** \$32,350

**Appellant's estimate of Market Value:** not given

**Notes:**

- Filed amended 2020 Declaration with appeal - \$ 2,040 Net assessment
- Clerical error- accountant listed manufacturing items in code 10

**Recommendation:**

No change

# 2020 PERSONAL PROPERTY DECLARATION

Commercial and financial information is not open to public inspection

List or Account #: 20190119  
 Owner's Name: CONTROLLED FLUIDS  
 DBA:  
 Location (street & number) 1262 OLD COLONY RD WALKENBERG, CT 06492

Assessment date **October 1, 2020**  
 Required return date **November 2, 2020**

**BUSINESS DATA** For businesses, occupations, professions, farmers, lessors *Answer all questions 1 through 12, writing N/A on lines that are not applicable.*

1. Direct questions concerning return to -  
 Name TOM ROTHUS  
 Address 18 HOLLYN OAK LN  
 City/State/Zip MILFORD, NH 03055  
 Phone / Fax (603) 673-4323 / ( )  
 E-mail TOM@CFUIDS.COM
2. Location of accounting records -  
SAME
3. Description of Business PLASTIC MACHINING
4. How many employees work in your facilities in this town only? 10
5. Date your business began in this town? 7-1-2019
6. How many square feet does your firm occupy at your location(s) in this town? 10,000 Sq. ft. Own  Lease
7. Type of ownership:  Corporation  Partnership  LLC  Sole proprietor  Other-Describe \_\_\_\_\_
8. Type of business:  Manufacturer  Wholesale  Service  Profession  Retail/Mercantile  Tradesman  Lessor  
 Other-Describe \_\_\_\_\_ IRS Business Activity Code \_\_\_\_\_
9. In the last 12 months was any of the property included in this declaration located in another Connecticut town for at least 3 months? If yes, identify by specific months, code, cost, and location(s). Yes  No
10. Are there any other business operations that are operating from your address here in this town? If yes give name and mailing address. Yes  No
11. Do you own tangible personal property that is leased or consigned to others in this town? If yes, complete Lessor's Listing Report (below) Yes  No
12. Did you have in your possession on October 1st any borrowed, consigned, stored or rented property? If yes, complete Lessee's Listing Report (page 4) Yes  No

**LESSOR'S LISTING REPORT** In order to avoid duplication of assessments related to leased personal property the following must be completed by Lessors: (Please note that property under conditional sales agreements must be reported by the lessor.) Computerized filings are acceptable as long as all information is reported in prescribed format.

	Lessee #1	Lessee #2	Lessee #3
Name of Lessee			
Lessee's address			
Physical location of equipment			
Full equipment description			
Is equipment self manufactured?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Acquisition date			
Current commercial list price new			
Has this lease ever been purchased, assumed or assigned?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, specify from whom			
Date of such purchase, etc.			
If original asset cost was changed by this transaction, give details.			
Type of lease	<input type="checkbox"/> Operating <input type="checkbox"/> Capital <input type="checkbox"/> Conditional Sale	<input type="checkbox"/> Operating <input type="checkbox"/> Capital <input type="checkbox"/> Conditional Sale	<input type="checkbox"/> Operating <input type="checkbox"/> Capital <input type="checkbox"/> Conditional Sale
Lease Term -- Begin and end dates			
Monthly contract rent			
Monthly maintenance costs if included in monthly payment above			
Is equipment declared on the Lessor's or the Lessee's manufacturing exemption application?	Yes <input type="checkbox"/> No <input type="checkbox"/> Lessor or Lessee <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Lessor or Lessee <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Lessor or Lessee <input type="checkbox"/>

List or Account#: 20190119  
 Owner's Name: CONTROLLED FLUIDICS

Assessment date **October 1, 2020**  
 Required return date **November 2, 2020**

**LESSEE'S LISTING REPORT**

Pursuant to Connecticut General Statutes §12-57a all leased, borrowed, consigned, loaned, rented, or stored personal property not owned by you but in your possession as of the assessment date must be included on this form. Failure to declare, in the form and manner as herein prescribed, shall result in the presumption of ownership and subsequent tax liability plus penalties. Property you do not lease that may be in your possession and must be reported includes (but is not limited to) dumpsters, gas/propane tanks, vending machines, water coolers, coffee machines.

- Yes  No  Did you dispose of any leased items that were in your possession on October 1, 2019? If yes, enter a description of the property and the date of disposition in the space to the right.
- Did you acquire any of the leased items that were in your possession on October 1, 2019? If yes, indicate previous lessor, item(s) and date(s) acquired in the space to the right.
- Is the cost of any of the equipment listed below declared anywhere else on this declaration? If yes, note year in the 'Year Included' row and list cost in the 'Acquisition Cost' row.

	Lease #1	Lease #2	Lease #3
Name of Lessor	<u>CNC ASSOC.</u>	<u>CNC ASSOC.</u>	<u>CNC ASSOC.</u>
Lessor's address	<u>2900 Challenger Pl Oxnard, CA 93030</u>	<u>2900 Challenger Pl Oxnard CA 93030</u>	<u>2900 Challenger Pl Oxnard CA 93030</u>
Phone Number			
Lease Number	<u>27244002</u>	<u>27244004</u>	<u>27244003</u>
Item description / Model #	<u>HAAS DRILL TAP DT2 - 27</u>	<u>HAAS DRILL TAP DT2 - 20</u>	<u>HAAS DRILL TAP DT2</u>
Serial #	<u>1160233</u>	<u>1163385</u>	<u>1157264</u>
Year of manufacture	<u>2019</u>	<u>2019</u>	<u>2019</u>
Capital Lease	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Lease Term - Beginning/End	<u>2/19/19 - 1/15/2021</u>	<u>5/17/19 - 5/17/2021</u>	<u>3/15/19 - 3/15/2021</u>
Monthly rent	<u>\$ 2263.14</u>	<u>\$ 2361.29</u>	<u>\$ 2232.41</u>
Acquisition Cost			
Year Included	<u>2019</u>	<u>2019</u>	<u>2019</u>

**DISPOSAL, SALE OR TRANSFER OF PROPERTY REPORT**

Disposal, sale or transfer of property - If you disposed of, sold or transferred a portion of the property included in last year's filing, complete the Detailed Listing Of Disposed Assets Report And Reconciliation Of Fixed Assets on page 6. If you no longer own the business noted on the cover sheet you do not need to complete this declaration. You must, however, return to the Assessor this declaration along with the complete AFFIDAVIT OF BUSINESS CLOSING OR MOVE OF BUSINESS OR SALE OF BUSINESS found in this return. DO NOT INCLUDE DISPOSALS IN TAXABLE PROPERTY REPORTING SECTION.

**DETAILED LISTING OF DISPOSED ASSETS** COPY AND ATTACH ADDITIONAL SHEETS IF NEEDED

Date Removed	Code #	Description of Item	Date Acquired	Acquisition Cost

Pursuant to CGS 12-81(79) - Listing of assets purchased prior to 10/1/10 with an original cost ≤ \$250

Description of Item	Date Acquired	Acquisition Cost

**TAXABLE PROPERTY INFORMATION**

- 1) All data reported should be:
  - a) Actual acquisition costs including any additional charges for transportation and installation by year for each type of property described. These costs, less the standard depreciation as shown on the form will determine the net depreciated value.
  - b) Include all assets that may have been fully depreciated, written off, or charged to expense but are still owned. Do not include disposed assets.
- 2) Reports are to be filed on an assessment year basis of October 1. Acquisitions between October 2 and December 31 apply to the new year. (i.e. acquisition made October 30, 2019 is reported in the year ending October 1, 2020).
- 3) Computerized filings are acceptable as long as all information is reported in prescribed format.
- 4) Do not include disposed assets. Disposals are used to reconcile last year's reporting with this year's reporting.

# CONTROLLED FLUIDICS

## LEASE #4

## LEASE #5

Name of Lessor

	CNC	CNC	Oxnard
Address	2900 Challenger Pl Oxnard CA 93030	2900 Challenger Pl CA 93030	
Phone #	888-350-4262	888-350-4262	
Lease #	27244005	27244006	
Model#	DT2-22	VF3 Mill	
Serial #	1165160	1169139	
Yr	2019	2019	
Capital Lease	Yes	Yes	
Lease Term	11/22/19 - 2/22/21	10/1/2020 - 10/1/2021	
Monthly	4,234.28		5,186.60
Acquisition			
Year incl	2020		

List or Account#: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Assessment date **October 1, 2020**  
 Required return date **November 2, 2020**

**Assessor's  
Use Only**

**#9 - Motor Vehicles** Unregistered motor vehicles & vehicles garaged in Connecticut but registered in another state

	VEHICLE 1	VEHICLE 2	VEHICLE 3
Year			
Make			
Model			
VIN			
Length			
Weight			
Purchase \$			
Date			
Value			

**#11 - Horses and Ponies**

	#1	#2	#3
Breed			
Registered			
Age			
Sex			
Quality			
Breeding			
Show			
Pleasure			
Racing			
Value			

**#13 - Manufacturing machinery & equipment eligible under CGS 12-81 (76) for exemption - must complete exempt claim.**

Year Ending	Original cost, transportation & installation	% Good	Depreciated Value
10-1-20		95%	
10-1-19		90%	
10-1-18	<i>SEE ATTACHED</i>	80%	
10-1-17		70%	
10-1-16		60%	
10-1-15		50%	
10-1-14		40%	
Prior Yrs		30%	
Total	<i>661,098</i>	Total	<i>436760</i>

**#16 - Furniture, fixtures and equipment**

Year Ending	Original cost, transportation & installation	% Good	Depreciated Value
10-1-20		95%	
10-1-19	<i>375</i>	90%	<i>337.50</i>
10-1-18		80%	
10-1-17		70%	
10-1-16		60%	
10-1-15		50%	
10-1-14	<i>830</i>	40%	<i>340</i>
Prior Yrs		30%	
Total	<i>1225</i>	Total	<i>678</i>

**#17 - Farm Machinery**

Year Ending	Original cost, transportation & installation	% Good	Depreciated Value
10-1-20		95%	
10-1-19		90%	
10-1-18		80%	
10-1-17		70%	
10-1-16		60%	
10-1-15		50%	
10-1-14		40%	
Prior Yrs		30%	
Total		Total	

**#10 - Manufacturing machinery & equipment not eligible under CGS 12-81 (76) for exemption**

Year Ending	Original cost, transportation & installation	% Good	Depreciated Value
10-1-20		95%	
10-1-19		90%	
10-1-18		80%	
10-1-17		70%	
10-1-16		60%	
10-1-15		50%	
10-1-14		40%	
Prior Yrs		30%	
Total		Total	

**#12 - Commercial Fishing Apparatus**

Year Ending	Original cost, transportation & installation	% Good	Depreciated Value
10-1-20		95%	
10-1-19		90%	
10-1-18		80%	
10-1-17		70%	
10-1-16		60%	
10-1-15		50%	
10-1-14		40%	
Prior Yrs		30%	
Total		Total	

**#14 - Mobile Manufactured Homes if not currently assessed as real estate**

	#1	#2	#3
Year			
Make			
Model			
ID Number			
Length			
Width			
Bedrooms			
Baths			
Value			

**#18 - Farm Tools**

Year Ending	Original cost, transportation & installation	% Good	Depreciated Value
10-1-20		95%	
10-1-19		90%	
10-1-18		80%	
10-1-17		70%	
10-1-16		60%	
10-1-15		50%	
10-1-14		40%	
Prior Yrs		30%	
Total		Total	

#9 \_\_\_\_\_  
 #10 \_\_\_\_\_

#11 \_\_\_\_\_  
 #12 \_\_\_\_\_

#13 \_\_\_\_\_  
 #14 \_\_\_\_\_

#16 \_\_\_\_\_

#17 \_\_\_\_\_  
 #18 \_\_\_\_\_

List or Account#: 20190119  
 Owner's Name:

Assessment date October 1, 2020  
 Required return date November 2, 2020

#19 - Mechanics Tools

Year Ending	Original cost, transportation & installation	% Good	Depreciated Value
10-1-20		95%	
10-1-19	987	90%	888
10-1-18		80%	
10-1-17		70%	
10-1-16		60%	
10-1-15		50%	
10-1-14		40%	
Prior Yrs		30%	
Total	987	Total	888

#20 -- Electronic data processing equipment

In accordance with Section 168 IRS Codes  
Computers Only

Year Ending	Original cost, transportation & installation	% Good	Depreciated Value
10-1-20		95%	
10-1-19		80%	
10-1-18	1150	60%	920
10-1-17		40%	
Prior Yrs		20%	
Total	1150	Total	920

#19  
#20

#21a Telecommunication company equipment not technologically advanced -include previously coded #21c property with #21a

Year Ending	Original cost, transportation & installation	% Good	Depreciated Value
10-1-20		95%	
10-1-19		90%	
10-1-18		80%	
10-1-17		70%	
10-1-16		60%	
10-1-15		50%	
10-1-14		40%	
Prior Yrs		30%	
Total		Total	

#21b Telecommunication company equipment technologically advanced -include previously coded #21d property with #21b

Year Ending	Original cost, transportation & installation	% Good	Depreciated Value
10-1-20		95%	
10-1-19		80%	
10-1-18		60%	
10-1-17		40%	
Prior Yrs		20%	
Total		Total	

21a and 21b Total

#21

#22 - Cables, conduits, pipes, etc

Year Ending	Original cost, transportation & installation	% Good	Depreciated Value
10-1-20			
10-1-19			
10-1-18			
10-1-17			
10-1-16			
10-1-15			
10-1-14			
Prior Yrs			
Total		Total	

Check here if a PURA  or FERC  regulated utility

#23 - Expensed Supplies

The average is the total amount expended on supplies since October 1, 2019 divided by the number of months in business since October 1, 2019.

Year Ending	Total Expended	# of Months	Average Monthly
10-1-20	200	3	66

#22  
#23

#24a - Other Goods - including leasehold improvements

Year Ending	Original cost, transportation & installation	% Good	Depreciated Value
10-1-20		95%	
10-1-19		90%	
10-1-18	450	80%	360
10-1-17		70%	
10-1-16		60%	
10-1-15		50%	
10-1-14		40%	
Prior Yrs	450	30%	360
Total		Total	

#24b - Rental Entertainment Medium

Year Ending	Original cost, transportation & installation	% Good	Depreciated Value
10-1-20		95%	
10-1-19		80%	
10-1-18		60%	
10-1-17		40%	
Prior Yrs		20%	
Total		Total	

# of video tapes \_\_\_\_\_ # of DVD movies \_\_\_\_\_  
 # of music CD's \_\_\_\_\_ # of video games \_\_\_\_\_

24a and 24b Total

#24

RECONCILIATION OF FIXED ASSETS

Assets declared last October 1, 2019	_____
Assets disposed of since last October 1, 2019	- _____
Assets added since last October 1, 2019	+ _____
Assets originally Cost ≤ \$250 & over 10 years old **	- _____
Assets declared this year October 1, 2020	_____
Amount of expensed equipment last year	_____
Capitalization Threshold	_____

\*Complete Detailed Listing of Disposed Assets -page 4

\*\* Assets Orig Cost ≤ \$250 - page 4

Internal Tool ID	Date Acquired	Date Installed	IRS Classification	Original \$	Transportation	Total Cost	Dep. Value	code
Table Saw	2010	2019	5	\$100.00	\$0	\$100		13
Fume Hood	2010	2019	5	\$300.00	\$0	\$300		13
Compressor	2013	2019	5	\$7,000.00	\$200	\$7,200		13
DT1-6	2013	2019	5	\$52,000.00	\$1,000	\$53,000		13
Doosan 1	2014	2019	5	\$90,000.00	\$1,000	\$91,000		13
DT1-8	2014	2019	5	\$57,280.00	\$1,000	\$58,280		13
				sum	sum	\$149,280	\$59,712	
DT1-4	2015	2019	5	\$49,717.00	\$1,000	\$50,717	\$25,359	13
				sum	sum	\$50,717		
Prectech	2016	2019	5	\$2,500.00	\$500	\$3,000	\$1,800	13
				sum	sum	\$3,000		
Doosan 2	2017	2019	5	\$131,330.00	\$1,000	\$132,330		13
Oven, Large	2017	2019	5	\$850.00	\$250	\$1,100		13
Chop Saw	2017	2019	5	\$500.00	\$0	\$500		13
Inspection tools	2017	2017	5	\$950.00	\$0	\$950		13
				sum	sum	\$134,880	\$94,416	
DT1-1	2018	2019	5	\$59,170.00	\$1,000	\$60,170		13
Deckel	2018	2019	5	\$1,980.00	\$0	\$1,980		13
Nikon system	2018	2019	5	\$4,500.00	\$0	\$4,500		13
				sum	sum	\$66,650	\$53,320	
Oven, Sm	2019	2019	5	\$650.00	\$150	\$800		13
Washer	2019	2019	5	\$829.47	\$0	\$829		13
Starrett AVR 300	2019	2019	5	\$42,153.00	\$200	\$42,353		13
				sum	sum	\$43,982	\$39,584	
SawStop-Table saw	2020	2020	5	\$3,049.00	\$0	\$3,049		13
KME-TR1005	2020	2020	5	\$27,019.00	\$427	\$27,446		13
Robot-291	2020	2020	5	\$57,290.00	\$125	\$57,415		13
Robot-292	2020	2020	5	\$58,953.78	\$125	\$59,079		13
Brown & Sharpe Gage	2020	2020	5	\$5,000.00	\$0	\$5,000		13
				sum	sum	\$151,989	\$144,389	
<b>Total Sum</b>						<b>\$661,098</b>	<b>\$436,760</b>	



# 2020 PERSONAL PROPERTY DECLARATION – SUMMARY SHEET

Commercial and financial information is not open to public inspection.

List or Account#: 20190119

Owner's Name:

DBA: CONTROLLED FLUIDICS

Mailing address:

City/State/Zip: 18 Hollan Oak Ln Wallingford, NH 03055

Location (street & number) 1262 Old Colony Rd Wallingford

Assessment date **October 1, 2020**  
Required return date **November 2, 2020**

This Personal Property Declaration must be signed and delivered or postmarked by **Monday, November 2, 2020** to:  
**Wallingford Assessor's Office**  
45 South Main Street  
Wallingford, CT 06492

Property Code and Description	Net Depreciated Value pages 5 & 6	ASSESSOR'S USE ONLY	
		Code	ASSESSMENTS
#9 Motor Vehicles UNREGISTERED motor vehicles (e.g. campers, RV's, snowmobiles, trailers, trucks, passenger cars, tractors, off-road construction vehicles, etc.) including any vehicle garaged in Connecticut but registered in another state, or any such vehicle not registered at all. If you are a farmer eligible for the exemption under Sec. 12-91, list tractors in Code 17.		#9	
#10 - Machinery & Equipment Industrial manufacturing machinery and equipment (e.g., tools, dies, jigs, patterns, etc.). Include air and water pollution control equipment.	43533	#10	
#11 Horses And Ponies Describe your horses and ponies. A \$1,000 assessment exemption per animal will be applied. If you are a farmer, the exemption may be 100% provided Form M-28 is filed with and approved by the Assessor.		#11	
#12 - Commercial Fishing Apparatus All fishing apparatus exclusively used by a commercial fisherman in his business (e.g., fishing poles, nets, lobster pots, fish finders, etc.). A \$500 value exemption will be applied.		#12	
#13 - Manufacturing machinery & equipment Manufacturing machinery and equipment used in manufacturing; used in research or engineering devoted to manufacturing; or used for the significant servicing or overhauling of industrial machinery or factory products and eligible for exemption under CGS 12-61 (76). (Formerly property Codes 13 & 15)	393227	#13	
#14 Mobile Manufactured Homes if not currently assessed as real estate		#14	
#16 - Furniture & Fixtures Furniture, fixtures and equipment of all commercial, industrial, manufacturing, mercantile, trading and all other businesses, occupations and professions. Examples: desks, chairs, tables, file cabinets, typewriters, calculators, copy machines, telephones (including mobile telephones), telephone answering machines, facsimile machines, postage meters, cash registers, moveable air conditioners, partitions, shelving display racks, refrigerators, freezers, kitchen equipment, etc.	678	#16	
#17 - Farm Machinery Farm machinery (e.g., tractors, harrows, bush hogs, hay bines, hay rakes, balers, corn choppers, milking machines, milk tanks, coolers, chuck wagons, dozers, back hoes, hydroponic farm equipment, aquaculture equipment, etc.), used in the operation of a farm.		#17	
#18 - Farming Tools Farm tools, (e.g., hoes, rakes, pitch forks, shovels, hoses, brooms, etc.).		#18	
#19 - Mechanics Tools Mechanics tools (e.g., wrenches, air hammers, jacks, sockets, etc.).	888	#19	
#20 - Electronic Data Processing Equipment Electronic data processing equipment (e.g., computers, printers, peripheral computer equipment, and any computer based equipment acting as a computer as defined under Section 168 of the IRS Code of 1986, etc.). Bundled software is taxable and must be included.	920	#20	
#21 - Telecommunications Equipment Excluding furniture, fixtures, and computers, #21a includes cables, conduits, antennae, batteries, generators or any equipment not deemed technologically advanced by the Assessor. #21b includes controllers, control frames, relays switching and processing equipment or other equipment deemed technologically advanced by the Assessor.		#21	
#22 - Cables, conduits, pipes, poles, towers (if not currently assessed as real estate), underground mains, wires, turbines, etc., of gas, heating, or energy producing companies, telephone companies, water and water power companies. Include items annexed to the ground (e.g., hydraulic car lifts, gasoline holding tanks, pumps, truck scales, etc.), as well as property used for the purpose of creating or furnishing a supply of water (e.g., pumping stations).		#22	
#23 - Expensed Supplies The average monthly quantity of supplies normally consumed in the course of business (e.g., stationery, post-it notes, toner, computer disks, computer paper, pens, pencils, rulers, staplers, paper clips, medical and dental supplies and maintenance supplies, etc.).	66	#23	
#24 - Other All Other Goods, Chattels and Effects Any other taxable personal property not previously mentioned or which does not appear to fit into any of the other categories. (e.g. video tapes, vending machines, pinball games, video games, signs, billboards, coffee makers, water coolers, leasehold improvements.	360	#24	
<b>Total Assessment – all codes #9 through #24</b>	<b>Subtotal &gt;</b>		<b>439672</b>
#25 - Penalty for failure to file as required by statute - 25% of assessment		#25	
<b>Exemption</b> - Check box adjacent to the exemption you are claiming:			
<input checked="" type="checkbox"/> J - Mechanic's Tools - \$500 value <input type="checkbox"/> M - Commercial Fishing Apparatus - \$500 value <input type="checkbox"/> I - Farming Tools - \$500 value <input type="checkbox"/> L - Horses/ponies \$1000 assessment per animal <input type="checkbox"/> K - Municipal Leased <input type="checkbox"/> K - Assets Orig. Cost ≤ \$250 & over 10 years old			
All of the following exemptions require a separate application and/or certificate to be filed with the Assessor by the required return date			
<input type="checkbox"/> J - Water Pollution or Air Pollution control equipment - Connecticut DEEP certificate required - provide copy			
<input type="checkbox"/> I - Farm Machinery \$100,000 assessment - Exemption application M-28 required annually			
<input type="checkbox"/> G & H - Distressed Municipality/Enterprise Zone/Enterprise Corridor Zone - Exemption application M-55 required annually			
<input checked="" type="checkbox"/> U - Manufacturing Machinery & Equipment - Exemption claim required annually			
<b>Total Net Assessment</b>	<b>Assessor's Final Assessment Total &gt;</b>		

List or Account#: \_\_\_\_\_  
Owner's Name: \_\_\_\_\_

Assessment date **October 1, 2020**  
Required return date **November 2, 2020**

### DECLARATION OF PERSONAL PROPERTY AFFIDAVIT

THIS FORM MUST BE SIGNED (AND IN SOME CASES WITNESSED) BEFORE IT MAY BE FILED WITH THE ASSESSOR.  
AVOID PENALTY - IMPROPERLY SIGNED DECLARATIONS REQUIRE A 25% PENALTY

#### COMPLETE SECTION A OR SECTION B

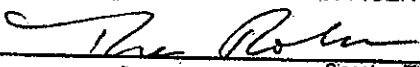
#### Section A

**OWNER** I DO HEREBY declare under penalty of false statement that all sections of this declaration have been completed according to the best of my knowledge, remembrance, and belief, that it is a true statement of all my personal property liable to taxation; and that I have not conveyed or temporarily disposed of any estate for the purpose of evading the laws relating to the assessment and collection of taxes as per Connecticut General Statutes §12-49.

SEE PAGE TWO (2) FOR SIGNATURE REQUIREMENTS.

CHECK ONE  OWNER  PARTNER  
 CORPORATE OFFICER  MEMBER

Signature

  
\_\_\_\_\_  
Signature/Title  
Thomas Rohrer  
Print or type name

Dated

10-27-20

#### Section B

**AGENT** I DO HEREBY declare under oath that I have been duly appointed agent for the owner of the property listed herein and that I have full authority and knowledge sufficient to file a proper declaration for him in accord with the provisions of §12-50 C.G.S.

Agent's  
Signature

\_\_\_\_\_  
Agent's Signature /Title  
\_\_\_\_\_  
Print or type agent's name

Dated

\_\_\_\_\_

#### AGENT SIGNATURE MUST BE WITNESSED

Witness of agent's sworn statement

Subscribed and sworn to before me - \_\_\_\_\_

Dated

\_\_\_\_\_

Circle one: Assessor or staff member, Town Clerk, Justice of the Peace, Notary or Commissioner of Superior Court

Direct questions concerning declaration to the Assessor's Office at:

Phone: 203-294-2001

Fax: 203-294-2003

Hand deliver declaration to:

Town of Wallingford

Assessor's Office

45 South Main Street

Wallingford, CT 06492

Mail declaration to:

Town of Wallingford

Assessor's Office

45 South Main Street

Wallingford, CT 06492

#### Check Off List:

- Read instructions on page 2
- Complete appropriate sections
- Complete exemption applications
- Sign & date as required on page 8
- Make a copy for your records
- Return by November 2, 2020

Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This Personal Property Declaration must be signed above and delivered to the Wallingford Assessor or postmarked (as defined in C.G.S. Sec 1-2a & as referenced in Sec. 12-41(d)) by Monday, November 2, 2020 -OR- a 25% Penalty as required by law shall be applied.

Assessor's Use Only

List # \_\_\_\_\_  
 Town Code \_\_\_\_\_  
 District Code \_\_\_\_\_

**2020 GRAND LIST  
 MANUFACTURING MACHINERY AND EQUIPMENT EXEMPTION CLAIM**

This exemption claim form should accompany the Personal Property Declaration filed annually in order to properly receive the exemption provided under C.G.S. §12-81(76) as amended by PA 14-183, sections 2, 3 & 4. The following definitions are applicable for purposes of Public Act 11-81 Sec. 2 and referenced in Sec. 3.

**Machinery and equipment** means tangible personal property which is installed in a manufacturing facility and claimed on the owner's federal income tax return as either five-year property or seven-year property, as those terms are defined in Section 168(e) of the Internal Revenue Code of 1986, or any subsequent corresponding internal revenue code of the United States, as from time to time amended, and the predominant use of which is for manufacturing, processing or fabricating; for research and development, including experimental or laboratory research and development, design or engineering directly related to manufacturing; for the significant servicing, overhauling or rebuilding of machinery and equipment for industrial use or the significant overhauling or rebuilding of other products on a factory basis; for measuring or testing or for metal finishing; or used in the production of motion pictures, video and sound recordings

This form must be filed on or before **November 2, 2020**. Claims must be filed annually with the municipal Assessor by any person seeking the exemption provided under C.G.S. §12-81(76), as amended, for manufacturing machinery and equipment and installed in a manufacturing facility. If extension to file is requested and granted, a late filing fee based on the value of the assessment is required. Contact your assessor for extension requests and fees provided under 12-81K and amended by PA 14-183, sections 2, 3, and 4.

This form is to be filed in the town in which the machinery and equipment is installed

<b>Manufacturer Information:</b> (Lessor: provide Lessee information)		<b>Lessor Information:</b>	
Name	CONTROLLED FUTOICS	Name	
Business Address	18 Hollow Oak Ln	Business Address	
City/State/Zip	MILFORD, NH 03055	City/State/Zip	
<b>Person to be contacted if there are any questions:</b>		<b>Required Identification Numbers</b>	
Name	TOM ROLLERS	Connecticut State Tax ID No.	75418921-000
Title	PRESIDENT	Federal Taxpayer ID No.	45-3148336
Address	SAME	NAICS / SIC Code	3089
Address		<b>Benefits and Exempt Status Questions</b>	
Phone/Fax	603-769-4860	Are you currently receiving benefits under CGS. §12-81 (80) OR (70) Distressed Municipality Program?	NO
E-mail	TOM@CFUTOICS.COM	Is the machinery and equipment for which you are seeking exempt status depreciable on your books for IRS purposes?	YES
<b>Property Location</b> (Number, street, and town where machinery and equipment is installed)		If no, on whose books are these assets depreciated?	
1262 OLD COLONY RD			
<b>Check which description best applies and complete the detail description below:</b>			
1 <input checked="" type="checkbox"/> manufacturing, processing or fabricating	2 <input type="checkbox"/> measuring or testing	3 <input type="checkbox"/> metal finishing	
4 <input type="checkbox"/> the significant overhauling or rebuilding of other products on a factory basis	5 <input type="checkbox"/> used in the production of motion pictures, video and sound recordings	6 <input type="checkbox"/> used in connection with biotechnology	
7 <input type="checkbox"/> research and development, including experimental or laboratory research and development, design or engineering directly related to manufacturing	8 <input type="checkbox"/> the significant servicing, overhauling or rebuilding of machinery and equipment for industrial use	9 <input type="checkbox"/> used in connection with recycling, as defined in C.G.S. §22a-250, if acquired and installed on or after July 1, 2006	
Describe the business activity (in specific terms), which conforms to the above definition of manufacturing. Indicate the product manufactured:			

**INSTRUCTIONS**

**(IMPORTANT: Read the descriptions of Personal Property Code #10 and Code #13 before completing the application for exemption. To ensure that you receive the appropriate exemption, you must report the total cost of machinery and equipment (i.e., original cost, excluding sales tax, plus the cost of transportation and installation) under the appropriate category code.**

**Code # 10:**

**Machinery and equipment not eligible for exemption under CGS §12-81(76):** Industrial or manufacturing machinery and equipment the owner claims or claimed on a federal income tax return as three-year property (e.g., tools, dies, jigs, patterns, etc.) or ten-year or greater property (i.e., property that has a class life of more than 16 years). Air and water pollution control equipment, regardless of its class life does not meet the predominant use criteria for exemption under CGS §12-81(76). Machinery and equipment located in a Distressed Municipality, Enterprise Zone or Enterprise Corridor Zone (regardless of its class life) for which you are filing Form M-55 to claim the property tax exemption under CGS §12-81(60) or (70). Code 10 Machinery and equipment is reported on the annual Personal Property Declaration only.


**Code # 13:**

**Machinery and equipment eligible for exemption under CGS §12-81(76):** Manufacturing machinery and equipment acquired and installed, that is predominantly used for manufacturing or biotechnology, or used in connection with recycling (as defined in CGS §22a-280) and the owner or lessee of such machinery and equipment must claim it on a federal income tax return as five-year property or seven-year property. To obtain the exemption under CGS §12-81(76), the owner or lessee who claims such property on a federal income tax return must file the exemption application. *(All property previously defined as Code 13, Code 15a and Code 15b are now combined under Code 13 and is claimed below and reported on the annual Personal Property Declaration.)*

Complete this form in its entirety, including the itemized listing of manufacturing machinery and equipment by year of acquisition.

#13 - Manufacturing machinery & equipment Eligible for exemption					
Year Ending	Original Cost Transportation & Installation	% Value	Net Depreciated Value	Assessor's Approved Total Cost	Assessor's Approved Depreciated Value
10-1-2020	146989	95%	139639		
10-1-2019	1629	90%	1467		
10-1-2018	66650	80%	53320		
10-1-2017	133930	70%	93751		
10-1-2016	3000	60%	1800		
10-1-2015	50717	50%	25359		
10-1-2014	149280	40%	59712		
Prior Yrs	60600	30%	18180		
		Total	393227		

I hereby certify that I am eligible for the property tax exemption provided under CGS §12-81(76). I further certify that all machinery and equipment listed herein was acquired and installed in the above named manufacturing facility, continues to be located there and is predominantly used for a manufacturing purpose. I agree to maintain and make available upon request to the Assessor or the Board of Assessors, supporting documentation, including, but not limited to, invoices, bills of sale, and bills of lading pertaining to the machinery and equipment for which I am claiming exempt status. I do hereby declare under penalty of false statement that the information contained herein is true and complete to the best of my knowledge, remembrance and belief, and that I am authorized to make application for this property tax exemption. I request that the cost information submitted herein be kept confidential.

  
 Signature

10-29-19  
 Date

Print or type name of signer and title Thomas Pothues

Failure to file this form in the manner and form, and within the time limit prescribed, shall result in the assessor not applying the exemption allowed under CGS §12-81(76).

## 2020 PERSONAL PROPERTY DECLARATION

Commercial and financial information is not open to public inspection

List or Account #: 20190119

Owner's Name: CONTROLLED FLUIDOS

DBA:

Assessment date **October 1, 2020**  
Required return date **November 2, 2020**

Location (street & number) 1262 OLD COLONY RD WALKENBERG, CT 06492

**BUSINESS DATA** For businesses, occupations, professions, farmers, lessors *Answer all questions 1 through 12, writing N/A on lines that are not applicable.*

1. Direct questions concerning return to -  
Name: TOM FLOHUS
2. Location of accounting records -  
SAME
- Address: 18 HOLM OAK LN
- City/State/Zip: MILFORD, NH 03055
- Phone / Fax: (603) 673-4323 / ( )
- E-mail: TOM@CFLODOS.COM
3. Description of Business: PLASTIC MANUFACTURING
4. How many employees work in your facilities in this town only? 10
5. Date your business began in this town? 7-1-2019
6. How many square feet does your firm occupy at your location(s) in this town? 10,000 Sq. ft. Own  Lease
7. Type of ownership:  Corporation  Partnership  LLC  Sole proprietor  Other-Describe \_\_\_\_\_
8. Type of business:  Manufacturer  Wholesale  Service  Profession  Retail/Mercantile  Tradesman  Lessor  
 Other-Describe \_\_\_\_\_ IRS Business Activity Code \_\_\_\_\_
9. In the last 12 months was any of the property included in this declaration located in another Connecticut town for at least 3 months? If yes, identify by specific months, code, cost, and location(s). Yes  No
10. Are there any other business operations that are operating from your address here in this town? If yes give name and mailing address. Yes  No
11. Do you own tangible personal property that is leased or consigned to others in this town? If yes, complete Lessor's Listing Report (below) Yes  No
12. Did you have in your possession on October 1st any borrowed, consigned, stored or rented property? If yes, complete Lessee's Listing Report (page 4) Yes  No

**LESSOR'S LISTING REPORT** In order to avoid duplication of assessments related to leased personal property the following must be completed by Lessors: (Please note that property under conditional sales agreements must be reported by the lessor.) Computerized filings are acceptable as long as all information is reported in prescribed format.

	Lessee #1	Lessee #2	Lessee #3
Name of Lessee			
Lessee's address			
Physical location of equipment			
Full equipment description			
Is equipment self manufactured?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Acquisition date			
Current commercial list price new			
Has this lease ever been purchased, assumed or assigned?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, specify from whom			
Date of such purchase, etc.			
If original asset cost was changed by this transaction, give details			
Type of lease	<input type="checkbox"/> Operating <input type="checkbox"/> Capital <input type="checkbox"/> Conditional Sale	<input type="checkbox"/> Operating <input type="checkbox"/> Capital <input type="checkbox"/> Conditional Sale	<input type="checkbox"/> Operating <input type="checkbox"/> Capital <input type="checkbox"/> Conditional Sale
Lease Term - Begin and end dates			
Monthly contract rent			
Monthly maintenance costs if included in monthly payment above			
Is equipment declared on the Lessor's or the Lessee's manufacturing exemption application?	Yes <input type="checkbox"/> No <input type="checkbox"/> Lessor <input type="checkbox"/> Lessee <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Lessor <input type="checkbox"/> Lessee <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Lessor <input type="checkbox"/> Lessee <input type="checkbox"/>

List or Account#: 20190119  
 Owner's Name: CONTROLLED FLUIDICS

Assessment date **October 1, 2020**  
 Required return date **November 2, 2020**

**LESSEE'S LISTING REPORT**

Pursuant to Connecticut General Statutes §12-57a all leased, borrowed, consigned, loaned, rented, or stored personal property not owned by you but in your possession as of the assessment date must be included on this form. Failure to declare, in the form and manner as herein prescribed, shall result in the presumption of ownership and subsequent tax liability plus penalties. Property you do not lease that may be in your possession and must be reported includes (but is not limited to) dumpsters, gas/propane tanks, vending machines, water coolers, coffee machines.

- Yes  No  Did you dispose of any leased items that were in your possession on October 1, 2019? If yes, enter a description of the property and the date of disposition in the space to the right.
- Did you acquire any of the leased items that were in your possession on October 1, 2019? If yes, indicate previous lessor, item(s) and date(s) acquired in the space to the right.
- Is the cost of any of the equipment listed below declared anywhere else on this declaration? If yes, note year in the 'Year Included' row and list cost in the 'Acquisition Cost' row.

	Lease #1	Lease #2	Lease #3
Name of Lessor	CNC ASSOC	CNC ASSOC	CNC ASSOC
Lessor's address	2900 Challenger Pl Oxnard, CA 93030	2900 Challenger Pl Oxnard CA 93030	2900 Challenger Pl Oxnard CA 93030
Phone Number			
Lease Number	27244002	27244004	27244003
Item description / Model #	HAAS DRILLTAP DTR - 27	HAAS DRILLTAP DTR - 20	HAAS DRILLTAP DTR
Serial #	1160233	1163385	1157264
Year of manufacture	2019	2019	2019
Capital Lease	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Lease Term - Beginning/End	2/19/19 - 1/15/2021	5/17/19 - 5/17/2021	3/15/19 - 3/15/2021
Monthly rent	\$ 2263.14	\$ 2361.29	\$ 2332.41
Acquisition Cost			
Year Included	2019	2019	2019

**DISPOSAL, SALE OR TRANSFER OF PROPERTY REPORT**

Disposal, sale or transfer of property - If you disposed of, sold or transferred a portion of the property included in last year's filing, complete the Detailed Listing Of Disposed Assets Report And Reconciliation Of Fixed Assets on page 6. If you no longer own the business noted on the cover sheet you do not need to complete this declaration. You must, however, return to the Assessor this declaration along with the complete AFFIDAVIT OF BUSINESS CLOSING OR MOVE OF BUSINESS OR SALE OF BUSINESS found in this return. DO NOT INCLUDE DISPOSALS IN TAXABLE PROPERTY REPORTING SECTION.

**DETAILED LISTING OF DISPOSED ASSETS**

COPY AND ATTACH ADDITIONAL SHEETS IF NEEDED

Date Removed	Code #	Description of Item	Date Acquired	Acquisition Cost

Pursuant to CGS 12-81(79) - Listing of assets purchased prior to 10/1/10 with an original cost ≤ \$250

Description of Item	Date Acquired	Acquisition Cost

**TAXABLE PROPERTY INFORMATION**

- All data reported should be:
  - Actual acquisition costs including any additional charges for transportation and installation by year for each type of property described. These costs, less the standard depreciation as shown on the form will determine the net depreciated value.
  - Include all assets that may have been fully depreciated, written off, or charged to expense but are still owned. Do not include disposed assets.
- Reports are to be filed on an assessment year basis of October 1. Acquisitions between October 2 and December 31 apply to the new year. (i.e. acquisition made October 30, 2019 is reported in the year ending October 1, 2020).
- Computerized filings are acceptable as long as all information is reported in prescribed format.
- Do not include disposed assets. Disposals are used to reconcile last year's reporting with this year's reporting.

# CONTROLLED FLUIDICS

	LEASE #4	LEASE #5
Name of Lessor	CNC	CNC
Address	2900 Challenger Pl Oxnard CA 93030	2900 Challenger Pl CA 93030 Oxnard
Phone #	888-350-4262	888-350-4262
Lease #	27244005	27244006
Model#	DT2-22	VF3 Mill
Serial #	1165160	1169139
Yr	2019	2019
Capital Lease	Yes	Yes
Lease Term	11/22/19 - 2/22/21	10/1/2020 - 10/1/2021
Monthly Acquisition	4,234.28	5,186.60
Year incl	2020	

List or Account#: 20190119

Owner's Name:

Assessment date **October 1, 2020**  
Required return date **November 2, 2020**

#9 - Motor Vehicles Unregistered motor vehicles & vehicles garaged in Connecticut but registered in another state

Year	VEHICLE 1	VEHICLE 2	VEHICLE 3
Make			
Model			
VIN			
Length			
Weight			
Purchase \$			
Date			
Value			

#10 - Manufacturing machinery & equipment not eligible under CGS 12-81 (76) for exemption

Year Ending	Original cost, transportation & installation	% Good	Depreciated Value
10-1-20		95%	
10-1-19		90%	
10-1-18		80%	
10-1-17	950	70%	665
10-1-16		60%	
10-1-15		50%	
10-1-14		40%	
Prior Yrs		30%	
Total	950	Total	665

Assessor's Use Only

#11 - Horses and Ponies

	#1	#2	#3
Breed			
Registered			
Age			
Sex			
Quality			
Breeding			
Show			
Pleasure			
Racing			
Value			

#12 - Commercial Fishing Apparatus

Year Ending	Original cost, transportation & installation	% Good	Depreciated Value
10-1-20		95%	
10-1-19		90%	
10-1-18		80%	
10-1-17		70%	
10-1-16		60%	
10-1-15		50%	
10-1-14		40%	
Prior Yrs		30%	
Total		Total	

#13 - Manufacturing machinery & equipment eligible under CGS 12-81(76) for exemption - must complete exempt claim.

Year Ending	Original cost, transportation & installation	% Good	Depreciated Value
10-1-20		95%	
10-1-19		90%	
10-1-18		80%	
10-1-17		80%	
10-1-16		60%	
10-1-15		50%	
10-1-14		40%	
Prior Yrs		30%	
Total	660,146	Total	436,095

*SEE ATTACHED*

#14 - Mobile Manufactured Homes if not currently assessed as real estate

Year	#1	#2	#3
Make			
Model			
ID Number			
Length			
Width			
Bedrooms			
Baths			
Value			

#16 - Furniture, fixtures and equipment

Year Ending	Original cost, transportation & installation	% Good	Depreciated Value
10-1-20		95%	
10-1-19	375	90%	337.50
10-1-18		80%	
10-1-17		70%	
10-1-16		60%	
10-1-15		50%	
10-1-14	850	40%	340
Prior Yrs		30%	
Total	1225	Total	678

#17 - Farm Machinery

Year Ending	Original cost, transportation & installation	% Good	Depreciated Value
10-1-20		95%	
10-1-19		90%	
10-1-18		80%	
10-1-17		70%	
10-1-16		60%	
10-1-15		50%	
10-1-14		40%	
Prior Yrs		30%	
Total		Total	

#18 - Farm Tools

Year Ending	Original cost, transportation & installation	% Good	Depreciated Value
10-1-20		95%	
10-1-19		90%	
10-1-18		80%	
10-1-17		70%	
10-1-16		60%	
10-1-15		50%	
10-1-14		40%	
Prior Yrs		30%	
Total		Total	

#9	
#10	
#11	
#12	
#13	
#14	
#16	
#17	
#18	



List or Account#: 20190119

Owner's Name:

Assessment date October 1, 2020  
Required return date November 2, 2020

#19 - Mechanics Tools

Year Ending	Original cost, transportation & installation	% Good	Depreciated Value
10-1-20		95%	
10-1-19	987	90%	888
10-1-18		80%	
10-1-17		70%	
10-1-16		60%	
10-1-15		50%	
10-1-14		40%	
Prior Yrs		30%	
Total	987	Total	888

#20 - Electronic data processing equipment  
In accordance with Section 168 IRS Codes  
Computers Only

Year Ending	Original cost, transportation & installation	% Good	Depreciated Value
10-1-20		95%	
10-1-19		80%	
10-1-18	1150	50%	920
10-1-17		40%	
Prior Yrs		20%	
Total	1150	Total	920

#21a Telecommunication company equipment not technologically advanced - include previously coded #21c property with #21a

Year Ending	Original cost, transportation & installation	% Good	Depreciated Value
10-1-20		95%	
10-1-19		90%	
10-1-18		80%	
10-1-17		70%	
10-1-16		60%	
10-1-15		50%	
10-1-14		40%	
Prior Yrs		30%	
Total		Total	

#21b Telecommunication company equipment technologically advanced - include previously coded #21d property with #21b

Year Ending	Original cost, transportation & installation	% Good	Depreciated Value
10-1-20		95%	
10-1-19		80%	
10-1-18		60%	
10-1-17		40%	
Prior Yrs		20%	
Total		Total	

21a and 21b Total

#22 - Cables, conduits, pipes, etc

Year Ending	Original cost, transportation & installation	% Good	Depreciated Value
10-1-20			
10-1-19			
10-1-18			
10-1-17			
10-1-16			
10-1-15			
10-1-14			
Prior Yrs			
Total		Total	

#23 - Expensed Supplies

The average is the total amount expended on supplies since October 1, 2019 divided by the number of months in business since October 1, 2019.

Year Ending	Total Expended	# of Months	Average Monthly
10-1-20	200	3	66

21a and 21b Total

Check here if a PURA  or FERC  regulated utility

#24a - Other Goods - including leasehold improvements

Year Ending	Original cost, transportation & installation	% Good	Depreciated Value
10-1-20		95%	
10-1-19		90%	
10-1-18	450	80%	360
10-1-17		70%	
10-1-16		60%	
10-1-15		50%	
10-1-14		40%	
Prior Yrs		30%	
Total	450	Total	360

#24b - Rental Entertainment Medium

Year Ending	Original cost, transportation & installation	% Good	Depreciated Value
10-1-20		95%	
10-1-19		80%	
10-1-18		60%	
10-1-17		40%	
Prior Yrs		20%	
Total		Total	

# of video tapes \_\_\_\_\_ # of DVD movies \_\_\_\_\_  
# of music CD's \_\_\_\_\_ # of video games \_\_\_\_\_

24a and 24b Total

RECONCILIATION OF FIXED ASSETS

Assets declared last October 1, 2019	_____
Assets disposed of since last October 1, 2019	- _____
Assets added since last October 1, 2019	+ _____
Assets originally Cost ≤ \$250 & over 10 years old **	- _____
Assets declared this year October 1, 2020	_____
Amount of expensed equipment last year	_____
Capitalization Threshold	_____

\*Complete Detailed Listing of Disposed Assets - page 4

\*\* Assets Orig Cost ≤ \$250 - page 4

Internal Tool ID	Date Acquired	Date Installed	IRS Classification	Original \$	Transportation	Total Cost	Dep. Value	code
Table Saw	2010	2019	5	\$100.00	\$0	\$100		13
Fume Hood	2010	2019	5	\$300.00	\$0	\$300		13
Compressor	2013	2019	5	\$7,000.00	\$200	\$7,200		13
DT1-6	2013	2019	5	\$52,000.00	\$1,000	\$53,000		13
				sum		\$60,600	\$18,180	
Doosan 1	2014	2019	5	\$90,000.00	\$1,000	\$91,000		13
DT1-8	2014	2019	5	\$57,280.00	\$1,000	\$58,280		13
				sum		\$149,280	\$59,712	
DT1-4	2015	2019	5	\$49,717.00	\$1,000	\$50,717		13
				sum		\$50,717	\$25,359	
Prechtech	2016	2019	5	\$2,500.00	\$500	\$3,000		13
				sum		\$3,000	\$1,800	
Doosan 2	2017	2019	5	\$131,330.00	\$1,000	\$132,330		13
Oven, Large	2017	2019	5	\$850.00	\$250	\$1,100		13
Chop Saw	2017	2019	5	\$500.00	\$0	\$500		13
Inspection tools	2017	2017	5	\$950.00	\$0	\$950		13
				sum		\$134,880	\$94,416	
DT1-1	2018	2019	5	\$59,170.00	\$1,000	\$60,170		13
Deckel	2018	2019	5	\$1,980.00	\$0	\$1,980		13
Nikon system	2018	2019	5	\$4,500.00	\$0	\$4,500		13
				sum		\$66,650	\$53,320	
Oven, Sm	2019	2019	5	\$650.00	\$150	\$800		13
Washer	2019	2019	5	\$829.47	\$0	\$829		13
Starrett AVR 300	2019	2019	5	\$42,153.00	\$200	\$42,353		13
				sum		\$43,982	\$39,584	
SawStop-Table saw	2020	2020	5	\$3,049.00	\$0	\$3,049		13
KME-TR100S	2020	2020	5	\$27,019.00	\$427	\$27,446		13
Robot-291	2020	2020	5	\$57,290.00	\$125	\$57,415		13
Robot-292	2020	2020	5	\$58,953.78	\$125	\$59,079		13
Brown & Sharpe Gage	2020	2020	5	\$5,000.00	\$0	\$5,000		13
				sum		\$151,989	\$144,389	
<b>Total Sum</b>						<b>\$661,098</b>	<b>\$436,760</b>	

# 2020 PERSONAL PROPERTY DECLARATION – SUMMARY SHEET

Commercial and financial information is not open to public inspection.

List or Account#: 20190119  
 Owner's Name: CONTROLLED PARTNERS  
 DBA: \_\_\_\_\_  
 Mailing address: 18 HOLDEN OAK LN  
 City/State/Zip: MILFORD, NH 03055  
 Location (street & number) 1262 OLD COLONY RD.

Assessment date **October 1, 2020**  
 Required return date **November 2, 2020**

This Personal Property Declaration must be signed and delivered or postmarked by **Monday, November 2, 2020** to:  
**Wallingford Assessor's Office**  
**45 South Main Street**  
**Wallingford, CT 06492**

Property Code and Description	Net Depreciated Value pages 5 & 6	ASSESSOR'S USE ONLY	
		Code	ASSESSMENTS
<b>#9 Motor Vehicles</b> UNREGISTERED motor vehicles (e.g. campers, RV's, snowmobiles, trailers, trucks, passenger cars, tractors, off-road construction vehicles, etc.) including any vehicle garaged in Connecticut but registered in another state, or any such vehicle not registered at all. If you are a farmer eligible for the exemption under Sec. 12-91, list tractors in Code 17.		#9	
<b>#10 - Machinery &amp; Equipment</b> Industrial manufacturing machinery and equipment (e.g., tools, dies, jigs, patterns, etc.). Include air and water pollution control equipment.	6665	#10	
<b>#11 Horses And Ponies</b> Describe your horses and ponies. A \$1,000 assessment exemption per animal will be applied. If you are a farmer, the exemption may be 100% provided Form M-28 is filed with and approved by the Assessor.		#11	
<b>#12 - Commercial Fishing Apparatus</b> All fishing apparatus exclusively used by a commercial fisherman in his business (e.g., fishing poles, nets, lobster pots, fish finders, etc.). A \$500 value exemption will be applied.		#12	
<b>#13 - Manufacturing machinery &amp; equipment</b> Manufacturing machinery and equipment used in manufacturing; used in research or engineering devoted to manufacturing; or used for the significant servicing or overhauling of industrial machinery or factory products and eligible for exemption under CGS 12-81 (78). (Formerly property Codes 13 & 15)	436095	#13	
<b>#14 Mobile Manufactured Homes</b> if not currently assessed as real estate		#14	
<b>#16 - Furniture &amp; Fixtures</b> Furniture, fixtures and equipment of all commercial, industrial, manufacturing, mercantile, trading and all other businesses, occupations and professions. Examples: desks, chairs, tables, file cabinets, typewriters, calculators, copy machines, telephones (including mobile telephones), telephone answering machines, facsimile machines, postage meters, cash registers, moveable air conditioners, partitions, shelving display racks, refrigerators, freezers, kitchen equipment, etc.	678	#16	
<b>#17 - Farm Machinery</b> Farm machinery (e.g., tractors, harrows, bush hogs, hay bines, hay rakes, balers, corn choppers, milking machines, milk tanks, coolers, chuck wagons, dozers, back hoes, hydroponic farm equipment, aquaculture equipment, etc.), used in the operation of a farm.		#17	
<b>#18 - Farming Tools</b> Farm tools, (e.g., hoes, rakes, pitch forks, shovels, hoses, brooms, etc.).		#18	
<b>#19 - Mechanics Tools</b> Mechanics tools (e.g., wrenches, air hammers, jacks, sockets, etc.).	888	#19	
<b>#20 - Electronic Data Processing Equipment</b> Electronic data processing equipment (e.g., computers, printers, peripheral computer equipment, and any computer based equipment acting as a computer as defined under Section 168 of the IRS Code of 1986, etc.). Bundled software is taxable and must be included.	920	#20	
<b>#21 - Telecommunications Equipment</b> Excluding furniture, fixtures, and computers, #21a includes cables, conduits, antennae, batteries, generators or any equipment not deemed technologically advanced by the Assessor. #21b includes controllers, control frames, relays switching and processing equipment or other equipment deemed technologically advanced by the Assessor.		#21	
<b>#22 - Cables, conduits, pipes, poles, towers</b> (if not currently assessed as real estate), <b>underground mains, wires, turbines, etc.</b> , of gas, heating, or energy producing companies, telephone companies, water and water power companies. Include items annexed to the ground (e.g., hydraulic car lifts, gasoline holding tanks, pumps, truck scales, etc.), as well as property used for the purpose of creating or furnishing a supply of water (e.g., pumping stations).		#22	
<b>#23 - Expensed Supplies</b> The average monthly quantity of supplies normally consumed in the course of business (e.g., stationery, post-it notes, toner, computer disks, computer paper, pens, pencils, rulers, staplers, paper clips, medical and dental supplies and maintenance supplies, etc.).	66	#23	
<b>#24 - Other All Other Goods, Chattels and Effects</b> Any other taxable personal property not previously mentioned or which does not appear to fit into any of the other categories. (e.g. video tapes, vending machines, pinball games, video games, signs, billboards, coffee makers, water coolers, leasehold improvements.	360	#24	
<b>Total Assessment – all codes #9 through #24</b>	<b>Subtotal &gt;</b> 439007		
<b>#25 - Penalty for failure to file as required by statute – 25% of assessment</b>		#25	
<b>Exemption</b> - Check box adjacent to the exemption you are claiming:			
<input type="checkbox"/> <b>I - Mechanic's Tools</b> - \$500 value <input type="checkbox"/> <b>M - Commercial Fishing Apparatus</b> - \$500 value <input type="checkbox"/> <b>I - Farming Tools</b> - \$500 value <input type="checkbox"/> <b>I - Horses/ponies</b> \$1000 assessment per animal <input type="checkbox"/> <b>K - Municipal Leased</b> <input type="checkbox"/> <b>K - Assets Orig. Cost ≤ \$250 &amp; over 10 years old</b>			
All of the following exemptions require a separate application and/or certificate to be filed with the Assessor by the required return date			
<input type="checkbox"/> <b>J - Water Pollution or Air Pollution control equipment</b> – Connecticut DEEP certificate required – provide copy			
<input type="checkbox"/> <b>I - Farm Machinery</b> \$100,000 assessment - Exemption application M-28 required annually			
<input type="checkbox"/> <b>G &amp; H - Distressed Municipality/Enterprise Zone/Enterprise Corridor Zone</b> - Exemption application M-55 required annually			
<input type="checkbox"/> <b>U - Manufacturing Machinery &amp; Equipment</b> - Exemption claim required annually			
<b>Total Net Assessment</b>	<b>Assessor's Final Assessment Total &gt;</b>		

List or Account#: 20190119  
Owner's Name: CONTROLLED FLUIDS

Assessment date **October 1, 2020**  
Required return date **November 2, 2020**

### DECLARATION OF PERSONAL PROPERTY AFFIDAVIT

THIS FORM MUST BE SIGNED (AND IN SOME CASES WITNESSED) BEFORE IT MAY BE FILED WITH THE ASSESSOR.  
AVOID PENALTY - IMPROPERLY SIGNED DECLARATIONS REQUIRE A 25% PENALTY

#### COMPLETE SECTION A OR SECTION B

#### Section A

**OWNER** I DO HEREBY declare under penalty of false statement that all sections of this declaration have been completed according to the best of my knowledge, remembrance, and belief; that it is a true statement of all my personal property liable to taxation; and that I have not conveyed or temporarily disposed of any estate for the purpose of evading the laws relating to the assessment and collection of taxes as per Connecticut General Statutes §12-49.

SEE PAGE TWO (2) FOR SIGNATURE REQUIREMENTS.

CHECK ONE  OWNER  PARTNER  
 CORPORATE OFFICER  MEMBER

Signature

*Thomas Roberts*

Signature/Title

*Thomas Roberts*

Print or type name

Dated

3-5-21

#### Section B

**AGENT** I DO HEREBY declare under oath that I have been duly appointed agent for the owner of the property listed herein and that I have full authority and knowledge sufficient to file a proper declaration for him in accord with the provisions of §12-50 C.G.S.

Agent's  
Signature

\_\_\_\_\_

Agent's Signature /Title

Dated

\_\_\_\_\_

Print or type agent's name

#### AGENT SIGNATURE MUST BE WITNESSED

Witness of agent's sworn statement

Subscribed and sworn to before me -

Circle one: Assessor or staff member, Town Clerk, Justice of the Peace, Notary or Commissioner of Superior Court

Dated

**Direct questions concerning declaration to the Assessor's Office at:**  
Phone: 203-294-2001 Fax: 203-294-2003  
**Hand deliver declaration to:** Town of Wallingford  
Assessor's Office  
45 South Main Street  
Wallingford, CT 06492  
**Mail declaration to:** Town of Wallingford  
Assessor's Office  
45 South Main Street  
Wallingford, CT 06492

#### Check Off List:

- Read instructions on page 2
- Complete appropriate sections
- Complete exemption applications
- Sign & date as required on page 8
- Make a copy for your records
- Return by November 2, 2020

Notes:

This Personal Property Declaration must be signed above and delivered to the Wallingford Assessor or postmarked (as defined in C.G.S. Sec 1-2a & as referenced in Sec. 12-41(d)) by Monday, November 2, 2020  
-OR- a 25% Penalty as required by law shall be applied.

Assessor's Use Only

List # \_\_\_\_\_  
 Town Code \_\_\_\_\_  
 District Code \_\_\_\_\_

**2020 GRAND LIST  
 MANUFACTURING MACHINERY AND EQUIPMENT EXEMPTION CLAIM**

This exemption claim form should accompany the Personal Property Declaration filed annually in order to properly receive the exemption provided under C.G.S. §12-81(76) as amended by PA 14-183, sections 2, 3 & 4. The following definitions are applicable for purposes of Public Act 11-81 Sec. 2 and referenced in Sec. 3.

**Machinery and equipment** means tangible personal property which is installed in a manufacturing facility and claimed on the owner's federal income tax return as either five-year property or seven-year property, as those terms are defined in Section 168(e) of the Internal Revenue Code of 1986, or any subsequent corresponding internal revenue code of the United States, as from time to time amended, and the predominant use of which is for manufacturing, processing or fabricating; for research and development, including experimental or laboratory research and development, design or engineering directly related to manufacturing; for the significant servicing, overhauling or rebuilding of machinery and equipment for industrial use or the significant overhauling or rebuilding of other products on a factory basis; for measuring or testing or for metal finishing; or used in the production of motion pictures, video and sound recordings

This form must be filed on or before November 2, 2020. Claims must be filed annually with the municipal Assessor by any person seeking the exemption provided under C.G.S. §12-81(76), as amended, for manufacturing machinery and equipment and installed in a manufacturing facility. If extension to file is requested and granted, a late filing fee based on the value of the assessment is required. Contact your assessor for extension requests and fees provided under 12-81K and amended by PA 14-183, sections 2, 3, and 4.

**This form is to be filed in the town in which the machinery and equipment is installed**

<b>Manufacturer Information:</b> (Lessor: provide Lessee information)		<b>Lessor Information:</b>	
Name	CONTROLLED FLUIDICS	Name	
Business Address	18 HOLLOW OAK LN	Business Address	
City/State/Zip	MILFORD, NH 03055	City/State/Zip	
<b>Person to be contacted if there are any questions:</b>		<b>Required Identification Numbers</b>	
Name	TOM ROLLER	Connecticut State Tax ID No.	75418921-000
Title	PRESIDENT	Federal Taxpayer ID No.	45-3148336
Address	SAME	NAICS / SIC Code	3089
Address		<b>Benefits and Exempt Status Questions</b>	
Phone/Fax	603-769-4860	Are you currently receiving benefits under CGS. §12-81 (80) OR (70) Distressed Municipality Program?	NO
E-mail	TOM@CFUIDICS.COM	Is the machinery and equipment for which you are seeking exempt status depreciable on your books for IRS purposes?	YES
<b>Property Location</b> (Number, street, and town where machinery and equipment is installed)		If no, on whose books are these assets depreciated?	
1262 OLD COLONY RD			
Check which description best applies and complete the detail description below:			
1 <input checked="" type="checkbox"/> manufacturing, processing or fabricating.	2 <input type="checkbox"/> measuring or testing	3 <input type="checkbox"/> metal finishing	
4 <input type="checkbox"/> the significant overhauling or rebuilding of other products on a factory basis	5 <input type="checkbox"/> used in the production of motion pictures, video and sound recordings	6 <input type="checkbox"/> used in connection with biotechnology	
7 <input type="checkbox"/> research and development, including experimental or laboratory research and development, design or engineering directly related to manufacturing	8 <input type="checkbox"/> the significant servicing, overhauling or rebuilding of machinery and equipment for industrial use	9 <input type="checkbox"/> used in connection with recycling, as defined in C.G.S. §22a-260, if acquired and installed on or after July 1, 2008	
Describe the business activity (in specific terms), which conforms to the above definition of manufacturing. Indicate the product manufactured:			

**INSTRUCTIONS**

**IMPORTANT:** Read the descriptions of Personal Property Code #10 and Code #13 before completing the application for exemption. To ensure that you receive the appropriate exemption, you must report the total cost of machinery and equipment (i.e., original cost, excluding sales tax, plus the cost of transportation and installation) under the appropriate category code.

Code # 10:

**Machinery and equipment not eligible for exemption under CGS §12-81(76):** Industrial or manufacturing machinery and equipment the owner claims or claimed on a federal income tax return as three-year property (e.g., tools, dies, jigs, patterns, etc.) or ten-year or greater property (i.e., property that has a class life of more than 16 years). Air and water pollution control equipment, regardless of its class life does not meet the predominant use criteria for exemption under CGS. §12-81(76). Machinery and equipment located in a Distressed Municipality, Enterprise Zone or Enterprise Corridor Zone (regardless of its class life) for which you are filing Form M-55 to claim the property tax exemption under CGS §12-81(60) or (70). **Code 10 Machinery and equipment is reported on the annual Personal Property Declaration only.**

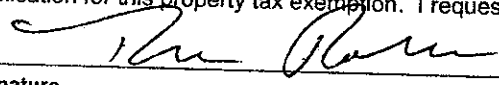
Code # 13:

**Machinery and equipment eligible for exemption under CGS §12-81(76):** Manufacturing machinery and equipment acquired and installed, that is predominantly used for manufacturing or biotechnology, or used in connection with recycling (as defined in CGS §22a-260) and the owner or lessee of such machinery and equipment must claim it on a federal income tax return as **five-year property or seven-year property**. To obtain the exemption under CGS §12-81(76), the owner or lessee who claims such property on a federal income tax return must file the exemption application. **(All property previously defined as Code 13, Code 15a and Code 15b are now combined under Code 13 and is claimed below and reported on the annual Personal Property Declaration.)**

Complete this form in its entirety, including the itemized listing of manufacturing machinery and equipment by year of acquisition.

#13 - Manufacturing machinery & equipment Eligible for exemption					
Year Ending	Original Cost Transportation & Installation	% Value	Net Depreciated Value	Assessor's Approved Total Cost	Assessor's Approved Depreciated Value
10-1-2020	157,989	95%	144,389		
10-1-2019	43,982	90%	39,584		
10-1-2018	66,650	80%	53,320		
10-1-2017	135,930	70%	95,751		
10-1-2016	3,000	60%	1,800		
10-1-2015	50,717	50%	25,359		
10-1-2014	149,280	40%	59,712		
Prior Yrs	60,600	30%	18,180		
		<b>Total</b>	<b>436,095</b>		

I hereby certify that I am eligible for the property tax exemption provided under CGS §12-81(76). I further certify that all machinery and equipment listed herein was acquired and installed in the above named manufacturing facility, continues to be located there and is predominantly used for a manufacturing purpose. I agree to maintain and make available upon request to the Assessor or the Board of Assessors, supporting documentation, including, but not limited to, invoices, bills of sale, and bills of lading pertaining to the machinery and equipment for which I am claiming exempt status. I do hereby declare under penalty of false statement that the information contained herein is true and complete to the best of my knowledge, remembrance and belief, and that I am authorized to make application for this property tax exemption. I request that the cost information submitted herein be kept confidential.

Signature:  Date: 3-5-21

Print or type name of signer and title: Thomas Roberts

Failure to file this form in the manner and form, and within the time limit prescribed, shall result in the assessor not applying the exemption allowed under CGS §12-81(76).



# Town of Wallingford, Connecticut

11 FEB 21 PM 12:19  
MED ASSESSOR

## BOARD OF ASSESSMENT APPEALS

Thomas Vitali, Chairman  
Carl D. Bonamico, Member  
Robert Avery, Member  
Town Hall, Room 101  
45 South Main Street  
Wallingford, CT 06492  
Phone - 203-294-2001  
Fax - 203-294-2003

Hearing No. 2020-169

### APPLICATION

APPEAL OF ASSESSED VALUATION  
BOARD OF ASSESSMENT APPEALS  
GRAND LIST OF OCTOBER 1, 2020

HEARING DATE: \_\_\_\_\_

Property Owner: <u>Criollos Painting LLC</u>
Name of property Owner <u>Rodolfo Criollo</u>
Mailing Address <u>11 Washington St Wallingford CT 06492</u>
City, State, Zip <u>Wallingford CT 06492</u>
Phone <u>903-5896519</u>

Appellant (if other than owner): _____
Name of Owner's Agent _____
Mailing Address _____
City, State, Zip _____
Phone _____

Appellant's Capacity  Owner  Owner's Agent  
(If Agent, attach a copy of Agency Agreement or Power of Attorney. Original agency document must be submitted at hearing.)

Rodolfo Criollo 02-11-2021  
Print applicant name and date

[Signature]  
Applicant signature

Fill out only the section for the property type under appeal.

Motor Vehicle: Year 2009 Make /Model: Nissan Murano Plate# C131607 Mileage 156000

Real Estate: \_\_\_\_\_  
(Address and/or Assessor's Map/Block/Lot/Unit Number)

Personal Property: Unique ID: 20200016 DBA: Criollos Painting LLC

If you are submitting an appraisal or other similar evidence, you must submit a copy along with your application.

What MARKET VALUE does the applicant place on the property? : \$ 0

Briefly state the basis of the Appeal: Only have 1 reg. vehicle  
No work. Working for another company.  
(Attach additional page, documentation or appraisal if needed)

**DO NOT WRITE BELOW THIS LINE - BAA Use Only**

I hereby solemnly swear that the testimony I am about to give is true and accurate to the best of my knowledge and belief.

Signature(s) of  
Owner(s) or Agent: \_\_\_\_\_ (Must be signed in the presence of the Board) Date: \_\_\_\_\_

PERSONAL PROPERTY DECLARATION DETAILS REPORT - FILED RECORD

ASSM YEAR: 2020  
UNIQUE ID: 20200016  
LIST NO: 0043396  
RECEIVED: 10/23/2020  
STATUS: ACTIVE

CRIOLLOS PAINTING LLC  
RODOLFO CRIOLLO  
11 WASHINGTON ST  
WALLINGFORD CT 06492

---

Record Details

Prop Loc: 11 WASHINGTON ST  
C/O RODOLFO CRIOLLO

---

<u>ITEM CODE</u>		<u>100% ASSM</u>	<u>70% ASSM</u>
23	0.00	500	350
24	0.00	2,850	2,000
25	0.00	2,350	590

TOTAL GROSS 2,940  
TOTAL EXEMPT  
TOTAL GROSS 2,940

NOTE:  
NO FIGURES ON DECLARATION EST PLUS PENALTY RC





*Town of Wallingford, Connecticut*

**Rhonda Caswell**  
Property Appraiser

Department of Finance  
Assessing Division

203-294-2001 Phone  
203-294-2003 Fax

## MEMORANDUM

**Date:** March 1, 2020  
**To:** Shelby P. Jackson III, Assessor  
**Cc:**  
**From:** Rhonda Caswell *RC*  
**RE:** Criollos Painting LLC  
**Hearing #:** 2020-169

---

**Current Assessed Value:** \$2,940

**Appellant's estimate of Market Value:** \$0

**Notes:**

- Did not file 2020
- Current assessment based on estimate plus penalty
- Stated he has equipment but isn't doing business, working for another company now.
- Filed dissolution of LLC 3/1/2021

**Recommendation:**

No change



# Town of Wallingford, Connecticut

## BOARD OF ASSESSMENT APPEALS

Thomas Vitali, Chairman  
Carl D. Bonamico, Member  
Robert Avery, Member  
Town Hall, Room 101  
45 South Main Street  
Wallingford, CT 06492  
Phone - 203-294-2001  
Fax - 203-294-2003

Hearing No. 2020-172

### APPLICATION

APPEAL OF ASSESSED VALUATION  
BOARD OF ASSESSMENT APPEALS  
GRAND LIST OF OCTOBER 1, 2020

HEARING DATE: \_\_\_\_\_

Property Owner:

Name of property Owner \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Appellant (if other than owner):  
Alejandro Ruiz

Name of Owner's Agent  
100 Washington St

Mailing Address  
Wallingford CT 06492

City, State, Zip  
203-600-4894

Phone

Appellant's Capacity  Owner  Owner's Agent  Tenant of said Address

(If Agent, attach a copy of Agency Agreement or Power of Attorney. (Original agency document must be submitted at hearing.)

Alejandro Ruiz  
Print applicant name and date

Alejandro Ruiz  
Applicant signature

Fill out only the section for the property type under appeal.

Motor Vehicle: Year \_\_\_\_\_ Make /Model: \_\_\_\_\_ Plate# \_\_\_\_\_ Mileage \_\_\_\_\_

Real Estate: \_\_\_\_\_  
(Address and/or Assessor's Map/Block/Lot/Unit Number)

Personal Property: Unique ID: 20 200139 DBA: Force Home Improvement

If you are submitting an appraisal or other similar evidence, you must submit a copy along with your application.

What MARKET VALUE does the applicant place on the property? : \$ 1917 / 1342 assmt.

Briefly state the basis of the Appeal: S/B lower based on declaration  
(Attach additional page, documentation or appraisal if needed)

**DO NOT WRITE BELOW THIS LINE - BAA Use Only**

I hereby solemnly swear that the testimony I am about to give is true and accurate to the best of my knowledge and belief.

Signature(s) of Owner(s) or Agent: \_\_\_\_\_ (Must be signed in the presence of the Board) Date: \_\_\_\_\_



Town of Wallingford  
 Assessor's Office  
 45 South Main St  
 Wallingford, CT 06492  
**Return Service Requested**

ASSESSOR  
 FEB 21 PM 1:17

## Wallingford, Connecticut 2020 Declaration of Personal Property – Short Form

**Who Should File :** All owners of taxable personal property. If you no longer own the above noted business or personal property assessed in your name last year, you need only to complete the AFFIDAVIT OF BUSINESS CLOSING OR MOVE OF BUSINESS OR SALE OF BUSINESS below and return this declaration to the Assessor. If you do not, the Assessor must assume that you are still operating the business or still own and have failed to declare your taxable personal property.

**Complete:** Complete the entire declaration. Writing "Same as last year" is not acceptable. Do not forget the DETAILED LISTING OF DISPOSED ASSETS REPORT (page 2) and the LESSEE'S LISTING REPORT (page 4).

**Signature Required:** The owners shall sign the DECLARATION OF PERSONAL PROPERTY AFFIDAVIT (page 4). The owner's agent may sign the declaration, in which case the declaration must be duly sworn to or notarized.

**Extension:** The Assessor may grant a filing extension *for good cause* (CGS §12-42 & 12-81K). If a request for an extension is needed, you need to request the filing extension in writing on or before November 1 (or the Monday following if November 1 falls on Saturday or Sunday) (PA 19-200).

**Penalty for late filing –** Failure to file timely will result in a penalty equal to 25% of the assessment of the personal property. This declaration must be filed or postmarked (as defined in C.G.S. Sec. 1-2a) no later than:

**Monday, November 2, 2020**

### Wallingford Assessor's Office

**Direct questions concerning declaration to the Assessor's Office at:**

**Phone:** 203- 294-2001

**Fax:** 203- 294-2003

**Hand deliver declaration to:**

Town of Wallingford  
 Assessor's Office  
 45 South Main St  
 Wallingford, CT 06492

**Mail declaration to:**

Town of Wallingford  
 Assessor's Office  
 45 South Main St  
 Wallingford, CT 06492

**Check Off List:**

- Read instructions
- Complete appropriate sections
- Complete exemption applications
- Complete disposed asset report
- Corporations complete all of page 3
- Make a copy for your records
- Sign, date & witness as required on page 4
- Return by November 2, 2020

### AFFIDAVIT OF BUSINESS TERMINATION OR MOVE OR SALE OF BUSINESS OR PROPERTY

I \_\_\_\_\_ of \_\_\_\_\_ at \_\_\_\_\_  
 Business or property owners name Business Name (if applicable) Street location in Wallingford  
 With regards to said business or property I do so certify that on \_\_\_\_\_ Said business or property was (indicate which one by circling):  
 Date

**SOLD TO:** \_\_\_\_\_  
 Name Address

**MOVED TO:** \_\_\_\_\_  
 City/Town and State to where business or property was moved Address

**TERMINATED:** Attach Bill of Sale or Letter of dissolution to this form and return it with this affidavit to the Assessor's office

The signer is made aware that the penalty for making a false affidavit is a \$500.00 fine or imprisonment for one year or both.

Signature

Print name

This form may NOT be used by utility companies, telecommunication companies, lessors,  
 or persons claiming manufacturing machinery and equipment (Codes 10 or 13)

**2020 PERSONAL PROPERTY DECLARATION – SHORT FORM**  
 Commercial and financial information is not open to public inspection.

**TAXABLE PROPERTY INFORMATION** Give actual acquisition costs including any additional charges for transportation and installation by year for each type of property described.

COPY AND ATTACH ADDITIONAL SHEETS IF NEEDED

Circle One	#12 – Commercial Fishing Apparatus or #17 – Farm machinery		
Year Ending	Original cost, transportation & installation	% Good	Depreciated Value
10-1-20		95%	
10-1-19		90%	
10-1-18		80%	
10-1-17		70%	
10-1-16		60%	
10-1-15		50%	
10-1-14		40%	
Prior Yrs		30%	
Total		Total	

Circle One	#18 – Farm Tools or #19 – Mechanics Tools		
Year Ending	Original cost, transportation & installation	% Good	Depreciated Value
10-1-20	\$2,000	95%	\$1,900
10-1-19		90%	
10-1-18		80%	
10-1-17		70%	
10-1-16		60%	
10-1-15		50%	
10-1-14		40%	
Prior Yrs		30%	
Total		Total	

Assessor's Use Only	
#12	
#17	
#18	
#19	

#16 – Furniture, fixtures and equipment			
Year Ending	Original cost, transportation & installation	% Good	Depreciated Value
10-1-20		95%	
10-1-19		90%	
10-1-18		80%	
10-1-17		70%	
10-1-16		60%	
10-1-15		50%	
10-1-14		40%	
Prior Yrs		30%	
Total		Total	

#20 – Electronic data processing equipment			
Year Ending	Original cost, transportation & installation	% Good	Depreciated Value
10-1-20		95%	
10-1-19		80%	
10-1-18		60%	
10-1-17		40%	
Prior Yrs		20%	
Total		Total	

In accordance with Section 168 IRS Codes  
Computers Only

#16	
#20	

#23 – Expensed supplies - The average is the total amount expended on supplies since October 1, 2019 divided by the number of months in business since October 1, 2019.

Year Ending	Total Expended	# of Mo.s	Average Monthly
10-1-20	\$200.00		17

#23	
-----	--

#24a – Other Goods - including leasehold improvements			
Year Ending	Original cost, transportation & installation	% Good	Depreciated Value
10-1-20		95%	
10-1-19		90%	
10-1-18		80%	
10-1-17		70%	
10-1-16		60%	
10-1-15		50%	
10-1-14		40%	
Prior Yrs		30%	
Total		Total	

#24b – Rental Entertainment Medium			
Year Ending	Original cost, transportation & installation	% Good	Depreciated Value
10-1-20		95%	
10-1-19		80%	
10-1-18		60%	
10-1-17		40%	
Prior Yrs		20%	
Total		Total	

# of video tapes \_\_\_\_\_ # of DVD movies \_\_\_\_\_  
 # of music CD's \_\_\_\_\_ # of video games \_\_\_\_\_  
 24a and 24b Total

#24	
-----	--

**Detailed Listing of Disposed Assets Report** - If you disposed of, sold, or transferred a portion of the property included in last year's filing, complete the following. DO NOT INCLUDE DISPOSALS IN TAXABLE PROPERTY INFORMATION

Date Removed	Code #	Description of Item	Date Acquired	Acquisition Cost

**Detailed Listing of Assets Orig Value ≤ \$250**

Pursuant to CGS 12-81(79) – Listing of assets purchased prior to 10/1/10 with a value of ≤ \$250

Description of Item	Date Acquired	Acquisition Cost

**2020 PERSONAL PROPERTY DECLARATION – SHORT FORM SUMMARY SHEET**

Commercial and financial information is not open to public inspection

Assessment date **October 1, 2020**

Required return date **November 2, 2020**

List or Account #

Owner's Name ~~Michael~~ Alejandro Ruiz

Force Home Improvement LLC

Address 120 Washington St

DBA

City/State/Zip Wallingford, CT 06492

Washington St

Phone / Fax 203-600-4894

Street location of personal property in Wallingford

E-mail forcehicompany@gmail.com

Construction  
Description of business:

Type of ownership:  Corporation  Partnership  LLC  Sole Proprietor  Other-Describe

Type of business:  Manufacturer  Wholesale  Service  Profession  Retail/Mercantile  Tradesman  Other

IRS Business Activity Code

Square footage

No. of Employees 0

#9 Motor Vehicles UNREGISTERED motor vehicles (e.g. campers, RV's, snowmobiles, trailers, trucks, passenger cars, tractors, off-road construction vehicles, etc.) including any vehicle garaged in Connecticut but registered in another state, or any such vehicle not registered at all. If you are a farmer eligible for the exemption under Sec. 12-91, list tractors in Code 17.

Year	Make	Model	Identification No.	Length	Weight	Purchase Price	Date	Value

#11 Horses And Ponies Describe your horses and ponies. A \$1,000 assessment exemption per animal will be applied. If you are a farmer, the exemption may be 100% provided Form M-28 is filed with and approved by the Assessor.

Breed	Age	Registered	Sex	Quality: Breeding/Show/Pleasure/Racing	Value

#14 Mobile Manufactured Homes if not currently assessed as real estate

Year	Make	Model	Identification No.	Length	Width	Bedrooms	Baths	Value

Property Code and Description

Net Depreciated Value From page 2

#12 - Commercial Fishing Apparatus All fishing apparatus exclusively used by a commercial fisherman in his business (e.g., fishing poles, nets, lobster pots, fish finders, etc.). A \$500 value exemption will be applied.

#16 - Furniture & Fixtures Furniture, fixtures and equipment of all commercial, industrial, manufacturing, mercantile, trading and all other businesses, occupation and professions. Examples: desks, chairs, tables, file cabinets, typewriters, calculators, copy machines, telephones (including mobile telephones), telephone answering machines, facsimile machines, postage meters, cash registers, moveable air conditioners, partitions, shelving display racks, refrigerators, freezers, kitchen equipment, etc.

#17 - Farm Machinery Farm machinery (e.g., tractors, harrows, bush hogs, hay bines, hay rakes, balers, corn choppers, milking machines, milk tanks, coolers, chuck wagons, dozers, back hoes, hydroponic farm equipment, aquaculture equipment, etc.), used in the operation of a farm.

#18 - Farming Tools Farm tools, (e.g., hoes, rakes, pitch forks, shovels, hoses, brooms, etc.).

#19 - Mechanics Tools Mechanics tools (e.g., wrenches, air hammers, jacks, sockets, etc.).

#20 - Electronic Data Processing Equipment Electronic data processing equipment (e.g., computers, printers, peripheral computer equipment, and any computer based equipment acting as a computer as defined under Section 168 of the IRS Code of 1986, etc.). Bundled software is taxable and must be included.

#23 - Average Supplies The average monthly quantity of supplies normally consumed in the course of business (e.g., stationery, post-it notes, toner, computer disks, computer paper, pens, pencils, rulers, staplers, paper clips, medical and dental supplies and maintenance supplies, etc.).

#24 - Other All Other Goods, Chattels and Effects Any other taxable personal property not previously mentioned or which does not appear to fit into any of the other categories. (e.g. video tapes, vending machines, pinball games, video games, signs, billboards, coffee makers, water coolers, leasehold improvements (other than realty etc.).

Total Assessment – all codes #9 through #24

Subtotal >

#25 – Penalty for failure to file as required by statute – 25% of assessment

Exemption - Check box adjacent to the exemption you are claiming:

- I – Mechanic's Tools - \$500 value     M – Commercial Fishing Apparatus - \$500 value  
 I – Farming Tools - \$500 value     I – Horses/ponies \$1000 assessment per animal  
 K – Municipal Leased     K – Assets Orig. Cost ≤ \$250 & over 10 years old

All of the following exemptions require a separate application and/or certificate to be filed with the Assessor by the required return date

- J – Water Pollution or Air Pollution control equipment – Connecticut DEP certificate required – provide copy  
 I – Farm Machinery \$100,000 value - Exemption application M-28 required annually  
 G & H – Distressed Municipality/Enterprise Zone/Enterprise Corridor Zone - Exemption application M-55 required annually

Total Net Assessment

Assessor's Final Assessment Total >

ASSESSOR'S USE ONLY

Code ASSESSMENTS

#9  
#9  
#9

#11  
#11  
#11

#14

#12

#16

#17

#18

#19

#20

#23

#24

#25

**LESSEE'S LISTING REPORT Lessee's Name** \_\_\_\_\_

Pursuant to Connecticut General Statutes §12-

57a all leased, borrowed, consigned, loaned, rented, or stored personal property not owned by you but in your possession as of the assessment date must be included on this form. Failure to declare, in the form and manner as herein prescribed, shall result in the presumption of ownership and subsequent tax liability plus penalties. Property you do not lease that may be in your possession and must be reported includes (but is not limited to) dumpsters, gas/propane tanks, vending machines, water coolers, coffee machines.

COPY AND ATTACH ADDITIONAL SHEETS IF NEEDED

- Yes  No  Did you dispose of any leased items that were in your possession on October 1, 2019? If yes, enter a description of the property and the date of disposition in the space to the right. \_\_\_\_\_
- Did you dispose of any leased items that were in your possession on October 1, 2019? If yes, enter a description of the property and the date of disposition in the space to the right. \_\_\_\_\_
- Is the cost of any of the equipment listed below declared anywhere else on this declaration? If yes, note year in the 'Year Included' row and list cost in the 'Acquisition Cost' row.

	Lease #1	Lease #2	Lease #3
Name of Lessor			
Lessor's address			
Lease Number			
Item description / Model #			
Serial #			
Year of manufacture			
Capital Lease	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Lease Term – Beginning/End			
Monthly rent			
Acquisition Cost			
Year Included			

**DECLARATION OF PERSONAL PROPERTY AFFIDAVIT**

THIS FORM MUST BE SIGNED (AND IN SOME CASES WITNESSED) BEFORE IT MAY BE FILED WITH THE ASSESSOR.

AVOID PENALTY – IMPROPERLY SIGNED DECLARATIONS REQUIRE A 25% PENALTY

COMPLETE SECTION A OR SECTION B

**Section A**

**OWNER** I DO HEREBY declare under penalty of false statement that all sections of this declaration have been completed according to the best of my knowledge, remembrance, and belief; that it is a true statement of all my personal property liable to taxation; and that I have not conveyed or temporarily disposed of any estate for the purpose of evading the laws relating to the assessment and collection of taxes as per Connecticut General Statutes §12-49.

- CHECK ONE  OWNER  PARTNER  
 CORPORATE OFFICER  MEMBER

Signature

Alexandro Ruiz  
 Signature/Title  
Alexandro Ruiz  
 Print or type name

Dated 02/15/2021

**Section B**

**AGENT** I DO HEREBY declare under oath that I have been duly appointed agent for the owner of the property listed herein and that I have full authority and knowledge sufficient to file a proper declaration for him in accord with the provisions of §12-50 C.G.S.

Agent's Signature

\_\_\_\_\_  
 Agent's Signature /Title  
 \_\_\_\_\_  
 Print or type agent's name

Dated \_\_\_\_\_

**AGENT SIGNATURE MUST BE WITNESSED**

Witness of agent's sworn statement

Subscribed and sworn to before me - \_\_\_\_\_ Dated \_\_\_\_\_

Circle one: Assessor or staff member, Town Clerk, Justice of the Peace, Notary or Commissioner of Superior Court

The Personal Property Declaration must be signed above and delivered to the Wallingford Assessor or postmarked (as defined in C.G.S. Sec. 1-2a) by Monday, November 2, 2020 -OR- a 25% Penalty as required by law shall be applied.

**PERSONAL PROPERTY RECORD  
TOWN OF WALLINGFORD**

**GENERAL DATA:**

**DATE: 02/16/2021**

Unique ID: 20200139	List No.: 40848	Assessment Year: 2020	Record Status: ACTIVE
<b>BUSINESS ADDRESS</b>			Street Code:
Owner Name:	FORCE HOME IMPROVEMENT LLC		Delinquent:
Doing Bus. As:	FORCE HOME IMPROVEMENT LLC		Last Visited: ___/___/___
Care Of:	ALEJANDRO RUIZ-GARCIA		By whom:
Street:	120 WASHINGTON ST		Last Audited: ___/___/___
City:	WALLINGFORD	District:	By whom:
State:	CT	Zip: 06492-0000	Last Changed: 12/31/2020
Property Loc:	120 WASHINGTON ST		Change Reason:
Bus.Start:	___/___/___	Type:	
Bus. Sq. Ft.:		Phone: 000 000-0000 EXT: 0000	

**VALUES AND EXEMPTIONS:**

<b>ASSESSMENT</b>				<b>EXEMPTIONS</b>			
CODES	QUANTITY	DEPR. VALUE	ASSMT	DESCRIPTION	EX. CODE	APP. DATE	EX. AMT.
24		3,570	2,500	MISC TAX PROP..			
25			630	25% PENALTY			
Penalty:		Not Filed					

Total Value:	3,570		
Old Gross Assmt:		New Gross Assmt:3130	Total Exempt:
			Net Assmt:3130

**HISTORY:**

YEAR	CODE	ASSESS	CODE	ASSESS	CODE	ASSESS	CODE	ASSESS	TOTAL
2020	24	2500	25	630					3130



*Town of Wallingford, Connecticut*

**Rhonda Caswell**  
Property Appraiser

Department of Finance  
Assessing Division

203-294-2001 Phone  
203-294-2003 Fax

## MEMORANDUM

**Date:** March 1, 2020  
**To:** Shelby P. Jackson III, Assessor  
**Cc:**  
**From:** Rhonda Caswell *RC*  
**RE:** Force Home Improvement  
**Hearing #:** 2020-172

---

**Current Assessed Value:** \$3130

**Appellant's estimate of Market Value:** \$1917 (\$1,340 assessed)

**Notes:**

- Filed 2020 declaration with appeal
- Current assessment based on estimate plus penalty

**Recommendation:**

No change





Town of Wallingford, Connecticut

BOARD OF ASSESSMENT APPEALS

Thomas Vitali, Chairman
Carl D. Bonamico, Member
Robert Avery, Member
Town Hall, Room 101
45 South Main Street
Wallingford, CT 06492
Phone - 203-294-2001
Fax - 203-294-2003

WALLINGFORD ASSESSOR
10 FEB 21 PM 12:35

Hearing No. 2020-175 APPLICATION

APPEAL OF ASSESSED VALUATION
BOARD OF ASSESSMENT APPEALS
GRAND LIST OF OCTOBER 1, 2020

HEARING DATE: \_\_\_\_\_

Property Owner: Gen X Motors
Name of property Owner: Erik Higgins
Mailing Address: 156 Dudley Ave.
City, State, Zip: Wallingford, CT 06492
Phone: 203-678-4691

Appellant (if other than owner):
Name of Owner's Agent
Mailing Address
City, State, Zip
Phone

Appellant's Capacity: [X] Owner [ ] Owner's Agent
(Print name and date)

Erik Higgins 2-9-21
Print applicant name and date

[Signature]
Applicant signature

Fill out only the section for the property type under appeal.

Motor Vehicle: Year \_\_\_\_\_ Make /Model: \_\_\_\_\_ Plate# \_\_\_\_\_ Mileage \_\_\_\_\_

Real Estate: \_\_\_\_\_
(Address and/or Assessor's Map/Block/Lot/Unit Number)

Personal Property: Unique ID: 20160092 DBA: Gen X Motors

If you are submitting an appraisal or other similar evidence, you must submit a copy along with your application.

What MARKET VALUE does the applicant place on the property? : \$5189 ?

Briefly state the basis of the Appeal:
Gross negligence on part of prior accountant
(Robert Duszynski at Duszynski + Associates),
who failed to file assessments for last 3 years

DO NOT WRITE BELOW THIS LINE - BAA Use Only

I hereby solemnly swear that the testimony I am about to give is true and accurate to the best of my knowledge and belief.

Signature(s) of Owner(s) or Agent: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name

Motion: \_\_\_\_\_

Voting Record Initials

Thomas Vitali
Carl Bonamico
Robert Avery

**PERSONAL PROPERTY RECORD  
TOWN OF WALLINGFORD**

**GENERAL DATA:**

Unique ID: 20160092  
**BUSINESS ADDRESS**  
 Owner Name: GEN X MOTORS INC  
 Doing Bus. As: GEN X MOTORS INC  
 Care Of:  
 Street: 156 DUDLEY AVE  
 City: WALLINGFORD  
 State: CT Zip: 06492-0000  
 Property Loc: 156 DUDLEY AVE  
 Bus. Start: 11/01/2016  
 Bus. Sq. Ft.: 1900

List No.: 40895

Assessment Year: 2020

**DATE: 02/10/2021**

Record Status: ACTIVE  
 Street Code: S  
 Delinquent:  
 Last Visited: \_\_\_/\_\_\_/\_\_\_  
 By whom:  
 Last Audited: \_\_\_/\_\_\_/\_\_\_  
 By whom:  
 Last Changed: \_\_\_/\_\_\_/\_\_\_  
 Change Reason:

**VALUES AND EXEMPTIONS:**

**ASSESSMENT**

CODES	QUANTITY	DEPR. VALUE	ASSMT	DESCRIPTION
16		229	160	FURN/FIX/EQP...
19		6,714	4,700	MECHANICS TOOLS
20		357	250	EDP EQUIPMENT..
23		114	80	SUPPLIES.....
24		1,857	1,300	MISC TAX PROP..
25			1,620	25% PENALTY

Penalty:

**EXEMPTIONS**

EX. CODE    APP. DATE    EX. AMT.

Total Value: 9,271  
 Old Gross Assmt: 6490                      New Gross Assmt: 8110                      Total Exempt:                      Net Assmt: 8110

**HISTORY:**

YEAR	CODE	ASSESS	CODE	ASSESS	CODE	ASSESS	CODE	ASSESS	TOTAL
2020	16	160	19	4700	20	250	23	80	8110
	24	1300	25	1620					
2019	16	160	19	4700	20	250	23	80	6490
	25	1300							
2018	16	130	19	3760	20	200	23	80	4170
2017	16	160	19	4460	20	320	23	350	6610
	25	1320							
2016	16	160	19	4460	20	320	23	350	5290



February 9, 2021

To Whom it May Concern:

We have been retained by Gen X Motors, Inc. as their accountant as of December 15, 2020. Since that date we have been attempting to locate tax and accounting records that were assumed to have been prepared by their prior accountant, Robert Duszynski.

Thus far we have been unable to acquire any information at all and it appears that various returns have been unfiled for several years. These include business, payroll and property tax filings.

We hope to get sufficient information to complete all missing returns in the next few months and of course will attempt to do this as soon as possible.

If there is any further information I can provide, please feel free to contact me at 203-250-2075 or email me at [gino@gz-cpa.com](mailto:gino@gz-cpa.com).

Very truly yours,

A handwritten signature in black ink, appearing to read "Gino J. Genovese". The signature is fluid and cursive, with the first and last names being more prominent.

Gino J. Genovese, CPA

GJG/lh

Cc: Erik Higgins  
John Maccaroni



Town of Wallingford  
 Assessor's Office  
 45 South Main St  
 Wallingford, CT 06492  
**Return Service Requested**

MFD ASSESSOR  
 10 FEB '21 PM 12:30

## Wallingford, Connecticut 2020 Declaration of Personal Property – Short Form

**Who Should File :** All owners of taxable personal property. If you no longer own the above noted business or personal property assessed in your name last year, you need only to complete the AFFIDAVIT OF BUSINESS CLOSING OR MOVE OF BUSINESS OR SALE OF BUSINESS below and return this declaration to the Assessor. If you do not, the Assessor must assume that you are still operating the business or still own and have failed to declare your taxable personal property.

**Complete:** Complete the entire declaration. Writing "Same as last year" is not acceptable. Do not forget the DETAILED LISTING OF DISPOSED ASSETS REPORT (page 2) and the LESSEE'S LISTING REPORT (page 4).

**Signature Required:** The owners shall sign the DECLARATION OF PERSONAL PROPERTY AFFIDAVIT (page 4). The owner's agent may sign the declaration, in which case the declaration must be duly sworn to or notarized.

**Extension:** The Assessor may grant a filing extension *for good cause* (CGS §12-42 & 12-81K). If a request for an extension is needed, you need to **request the filing extension in writing on or before November 1** (or the Monday following if November 1 falls on Saturday or Sunday) (PA 19-200).

**Penalty for late filing** – Failure to file timely will result in a penalty equal to 25% of the assessment of the personal property. This declaration must be filed or postmarked (as defined in C.G.S. Sec. 1-2a) no later than:

**Monday, November 2, 2020**

### Wallingford Assessor's Office

**Direct questions concerning declaration to the Assessor's Office at:**

**Phone:** 203-294-2001      **Fax:** 203-294-2003

<b>Hand deliver declaration to:</b>	<b>Mail declaration to:</b>
Town of Wallingford	Town of Wallingford
Assessor's Office	Assessor's Office
45 South Main St	45 South Main St
Wallingford, CT 06492	Wallingford, CT 06492

**Check Off List:**

- Read instructions
- Complete appropriate sections
- Complete exemption applications
- Complete disposed asset report
- Corporations complete all of page 3
- Make a copy for your records
- Sign, date & witness as required on page 4
- Return by November 2, 2020

### AFFIDAVIT OF BUSINESS TERMINATION OR MOVE OR SALE OF BUSINESS OR PROPERTY

I \_\_\_\_\_ of \_\_\_\_\_ at \_\_\_\_\_  
Business or property owners name      Business Name (if applicable)      Street location in Wallingford  
 With regards to said business or property I do so certify that on \_\_\_\_\_ Date \_\_\_\_\_ Said business or property was (indicate which one by circling):

**SOLD TO:** \_\_\_\_\_  
Name      Address

**Moved TO:** \_\_\_\_\_  
City/Town and State to where business or property was moved      Address

**TERMINATED:** Attach Bill of Sale or Letter of dissolution to this form and return it with this affidavit to the Assessor's office

The signer is made aware that the penalty for making a false affidavit is a \$500.00 fine or imprisonment for one year or both.

Signature \_\_\_\_\_

Print name \_\_\_\_\_

This form may NOT be used by utility companies, telecommunication companies, lessors, or persons claiming manufacturing machinery and equipment (Codes 10 or 13)

**2020 PERSONAL PROPERTY DECLARATION – SHORT FORM**  
 Commercial and financial information is not open to public inspection.

**TAXABLE PROPERTY INFORMATION** Give actual acquisition costs including any additional charges for transportation and installation by year for each type of property described.

COPY AND ATTACH ADDITIONAL SHEETS IF NEEDED

Circle One	#12 – Commercial Fishing Apparatus or #17 – Farm machinery	Year Ending	Original cost, transportation & installation	% Good	Depreciated Value
		10-1-20		95%	
		10-1-19		90%	
		10-1-18		80%	
		10-1-17	N/A	70%	N/A
		10-1-16		60%	
		10-1-15		50%	
		10-1-14		40%	
		Prior Yrs		30%	
		Total		Total	

Circle One	#18 – Farm Tools or #19 – Mechanics Tools	Year Ending	Original cost, transportation & installation	% Good	Depreciated Value
		10-1-20		95%	
		10-1-19		90%	
		10-1-18		80%	
		10-1-17		70%	
		10-1-16		60%	
		10-1-15		50%	
		10-1-14		40%	
		Prior Yrs	10,000	30%	3,000
		Total	10,000	Total	3,000

Assessor's Use Only	
#12	
#17	
#18	
#19	
#16	
#20	
#23	
#24	

#16 – Furniture, fixtures and equipment				
Year Ending	Original cost, transportation & installation	% Good	Depreciated Value	
10-1-20		95%		
10-1-19		90%		
10-1-18	40	80%	32	
10-1-17		70%		
10-1-16	150	60%	90	
10-1-15		50%		
10-1-14		40%		
Prior Yrs		30%		
Total	190	Total	122	

#20 – Electronic data processing equipment				
Year Ending	Original cost, transportation & installation	% Good	Depreciated Value	
10-1-20		95%		
10-1-19		80%		
10-1-18	99	60%	59	
10-1-17		40%		
Prior Yrs	599	20%	120	
Total	698	Total	179	

In accordance with Section 168 IRS Codes  
Computers Only

#23 – Expensed supplies - The average is the total amount expended on supplies since October 1, 2019 divided by the number of months in business since October 1, 2019.

Year Ending	Total Expended	# of Mo.s	Average Monthly
10-1-20	360	12	30

#24a – Other Goods - including leasehold improvements				
Year Ending	Original cost, transportation & installation	% Good	Depreciated Value	
10-1-20		95%		
10-1-19		90%		
10-1-18		80%		
10-1-17	40	70%	28	
10-1-16		60%		
10-1-15		50%		
10-1-14		40%		
Prior Yrs	40	30%	28	
Total	40	Total	28	

#24b – Rental Entertainment Medium				
Year Ending	Original cost, transportation & installation	% Good	Depreciated Value	
10-1-20		95%		
10-1-19		80%		
10-1-18		60%		
10-1-17		40%		
Prior Yrs		20%		
Total		Total		

# of video tapes \_\_\_\_\_ # of DVD movies \_\_\_\_\_  
 # of music CD's \_\_\_\_\_ # of video games \_\_\_\_\_  
 24a and 24b Total 28

**Detailed Listing of Disposed Assets Report-** If you disposed of, sold, or transferred a portion of the property included in last year's filing, complete the following. DO NOT INCLUDE DISPOSALS IN TAXABLE PROPERTY INFORMATION

Date Removed	Code #	Description of Item	Date Acquired	Acquisition Cost
		N/A		

**Detailed Listing of Assets Orig Value ≤ \$250**

Pursuant to CGS 12-81(79) – Listing of assets purchased prior to 10/1/10 with a value of ≤ \$250

Description of Item	Date Acquired	Acquisition Cost
N/A		

# 2020 PERSONAL PROPERTY DECLARATION – SHORT FORM SUMMARY SHEET

Commercial and financial information is not open to public inspection

List or Account # 20160092 Assessment date **October 1, 2020**  
 Owner's Name Erik Higgins / John Maccaroni Required return date **November 2, 2020**  
 Address 156 Dudley Ave.  
 City/State/Zip Wallingford, CT 06492  
 Phone / Fax 203-678-4691  
 E-mail genxmotors4@yahoo.com

DBA  
**Gen X Motors**

Street location of personal property in Wallingford  
156 Dudley Ave.

Description of business:

Type of ownership:  Corporation  Partnership  LLC  Sole Proprietor  Other-Describe Auto repair

Type of business:  Manufacturer  Wholesale  Service  Profession  Retail/Mercantile  Tradesman  Other

IRS Business Activity Code 81110 Square footage 1900 No. of Employees 4

#9 Motor Vehicles UNREGISTERED motor vehicles (e.g. campers, RV's, snowmobiles, trailers, trucks, passenger cars, tractors, off-road construction vehicles, etc.) including any vehicle garaged in Connecticut but registered in another state, or any such vehicle not registered at all. If you are a farmer eligible for the exemption under Sec. 12-91, list tractors in Code 17.

Year	Make	Model	Identification No.	Length	Weight	Purchase Price	Date	Value
2005	Chevy	Silverado	1GCEK19Z85Z352852	long	heavy	\$2,000	5-17	\$1,500

#11 Horses And Ponies Describe your horses and ponies. A \$1,000 assessment exemption per animal will be applied. If you are a farmer, the exemption may be 100% provided Form M-28 is filed with and approved by the Assessor.

Breed	Age	Registered	Sex	Quality: Breeding/Show/Pleasure/Racing	Value
N/A					

#14 Mobile Manufactured Homes if not currently assessed as real estate

Year	Make	Model	Identification No.	Length	Width	Bedrooms	Baths	Value
N/A								

Property Code and Description Net Depreciated Value From page 2

#12 - Commercial Fishing Apparatus All fishing apparatus exclusively used by a commercial fisherman in his business (e.g., fishing poles, nets, lobster pots, fish finders, etc.). A \$500 value exemption will be applied.	-	#12
#16 - Furniture & Fixtures Furniture, fixtures and equipment of all commercial, industrial, manufacturing, mercantile, trading and all other businesses, occupation and professions. Examples: desks, chairs, tables, file cabinets, typewriters, calculators, copy machines, telephones (including mobile telephones), telephone answering machines, facsimile machines, postage meters, cash registers, moveable air conditioners, partitions, shelving display racks, refrigerators, freezers, kitchen equipment, etc.	122	#16
#17 - Farm Machinery Farm machinery (e.g., tractors, harrows, bush hogs, hay bines, hay rakes, balers, corn choppers, milking machines, milk tanks, coolers, chuck wagons, dozers, back hoes, hydroponic farm equipment, aquaculture equipment, etc.), used in the operation of a farm.	-	#17
#18 - Farming Tools Farm tools, (e.g., hoes, rakes, pitch forks, shovels, hoses, brooms, etc.).	-	#18
#19 - Mechanics Tools Mechanics tools (e.g., wrenches, air hammers, jacks, sockets, etc.).	3000	#19
#20 - Electronic Data Processing Equipment Electronic data processing equipment (e.g., computers, printers, peripheral computer equipment, and any computer based equipment acting as a computer as defined under Section 168 of the IRS Code of 1986, etc.). Bundled software is taxable and must be included.	179	#20
#23 - Average Supplies The average monthly quantity of supplies normally consumed in the course of business (e.g., stationery, post-it notes, toner, computer disks, computer paper, pens, pencils, rulers, staplers, paper clips, medical and dental supplies and maintenance supplies, etc.).	360	#23
#24 - Other All Other Goods, Chattels and Effects Any other taxable personal property not previously mentioned or which does not appear to fit into any of the other categories. (e.g. video tapes, vending machines, pinball games, video games, signs, billboards, coffee makers, water coolers, leasehold improvements (other than realty etc.).	28	#24
<b>Total Assessment – all codes #9 through #24</b>	<b>Subtotal &gt;</b>	<b>5189</b>
#25 – Penalty for failure to file as required by statute – 25% of assessment		#25

Exemption - Check box adjacent to the exemption you are claiming:

- I - Mechanic's Tools - \$500 value  M - Commercial Fishing Apparatus - \$500 value
- I - Farming Tools - \$500 value  I - Horses/ponies \$1000 assessment per animal
- K - Municipal Leased  K - Assets Orig. Cost ≤ \$250 & over 10 years old

All of the following exemptions require a separate application and/or certificate to be filed with the Assessor by the required return date

- J - Water Pollution or Air Pollution control equipment – Connecticut DEP certificate required – provide copy
- I - Farm Machinery \$100,000 value - Exemption application M-28 required annually
- G & H - Distressed Municipality/Enterprise Zone/Enterprise Corridor Zone - Exemption application M-55 required annually

Total Net Assessment **Assessor's Final Assessment Total >**

ASSESSOR'S USE ONLY	
Code ASSESSMENTS	
#9	
#9	
#9	
#11	
#11	
#11	
#14	
#12	
#16	
#17	
#18	
#19	
#20	
#23	
#24	
#25	

**LESSEE'S LISTING REPORT** Lessee's Name \_\_\_\_\_ Pursuant to Connecticut General Statutes §12-57a all leased, borrowed, consigned, loaned, rented, or stored personal property not owned by you but in your possession as of the assessment date must be included on this form. Failure to declare, in the form and manner as herein prescribed, shall result in the presumption of ownership and subsequent tax liability plus penalties. Property you do not lease that may be in your possession and must be reported includes (but is not limited to) dumpsters, gas/propane tanks, vending machines, water coolers, coffee machines.

COPY AND ATTACH ADDITIONAL SHEETS IF NEEDED

- Yes  No  Did you dispose of any leased items that were in your possession on October 1, 2019? If yes, enter a description of the property and the date of disposition in the space to the right. \_\_\_\_\_
- Did you dispose of any leased items that were in your possession on October 1, 2019? If yes, enter a description of the property and the date of disposition in the space to the right. \_\_\_\_\_
- Is the cost of any of the equipment listed below declared anywhere else on this declaration? If yes, note year in the 'Year Included' row and list cost in the 'Acquisition Cost' row.

	Lease #1	Lease #2	Lease #3
Name of Lessor			
Lessor's address			
Lease Number	N/A		
Item description / Model #			
Serial #			
Year of manufacture			
Capital Lease	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Lease Term - Beginning/End			
Monthly rent			
Acquisition Cost			
Year Included			

**DECLARATION OF PERSONAL PROPERTY AFFIDAVIT**

THIS FORM MUST BE SIGNED (AND IN SOME CASES WITNESSED) BEFORE IT MAY BE FILED WITH THE ASSESSOR.

AVOID PENALTY - IMPROPERLY SIGNED DECLARATIONS REQUIRE A 25% PENALTY

COMPLETE SECTION A OR SECTION B

**Section A**

**OWNER** I DO HEREBY declare under penalty of false statement that all sections of this declaration have been completed according to the best of my knowledge, remembrance, and belief; that it is a true statement of all my personal property liable to taxation; and that I have not conveyed or temporarily disposed of any estate for the purpose of evading the laws relating to the assessment and collection of taxes as per Connecticut General Statutes §12-49.

- CHECK ONE  OWNER  PARTNER  
 CORPORATE/OFFICER  MEMBER

Signature

*Erik Higgs*

Dated

2-9-21

Erik Higgs

Print or type name

**Section B**

**AGENT** I DO HEREBY declare under oath that I have been duly appointed agent for the owner of the property listed herein and that I have full authority and knowledge sufficient to file a proper declaration for him in accord with the provisions of §12-50 C.G.S.

Agent's Signature

\_\_\_\_\_

Dated

\_\_\_\_\_

AGENT SIGNATURE MUST BE WITNESSED

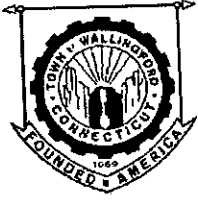
Witness of agent's sworn statement

Subscribed and sworn to before me - \_\_\_\_\_

Dated

Circle one: Assessor or staff member, Town Clerk, Justice of the Peace, Notary or Commissioner of Superior Court

The Personal Property Declaration must be signed above and delivered to the Wallingford Assessor or postmarked (as defined in C.G.S. Sec. 1-2a) by Monday, November 2, 2020 -OR- a 25% Penalty as required by law shall be applied.



*Town of Wallingford, Connecticut*

**Rhonda Caswell**  
Property Appraiser

Department of Finance  
Assessing Division

203-294-2001 Phone  
203-294-2003 Fax

## MEMORANDUM

**Date:** March 1, 2020  
**To:** Shelby P. Jackson III, Assessor  
**Cc:**  
**From:** Rhonda Caswell  
**RE:** Gen X Motors RC  
**Hearing #:** 2020-175

---

**Current Assessed Value:** \$8,110

**Appellant's estimate of Market Value:** \$5,189 (\$3,632 assessed)

### Notes:

- Filed 2020 declaration with appeal
- Current assessment based on prior years declarations plus penalty
- Had an issue with prior accountant not filing declarations or federal returns
- Truck undervalued should be \$7,450 per NADA guide not \$1,500

### Recommendation:

No change





# Town of Wallingford, Connecticut

## BOARD OF ASSESSMENT APPEALS

Thomas Vitale, Chairman  
Carl D. Bonamico, Member  
Robert Avery, Member  
Town Hall, Room 101  
45 South Main Street  
Wallingford, CT 06492  
Phone - 203-294-2001  
Fax - 203-294-2003

Hearing No. 2020-176 APPLICATION

APPEAL OF ASSESSED VALUATION  
BOARD OF ASSESSMENT APPEALS  
GRAND LIST OF OCTOBER 1, 2020

HEARING DATE: \_\_\_\_\_

Property Owner: Curt Vogt / Cobra Automotive  
 Name of property Owner: 37 Warehouse Point Rd  
 Mailing Address: Wallingford CT 06492  
 City, State, Zip: 203-284-3863  
 Phone: \_\_\_\_\_

Appellant (if other than owner):  
 Name of Owner's Agent: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Appellant's Capacity  Owner  Owner's Agent  
(If Agent, attach a copy of Agency Agreement or Power of Attorney. Original agency document must be submitted at hearing.)

Curt Vogt 2/9/21  
Print applicant name and date

[Signature]  
Applicant signature

Fill out only the section for the property type under appeal.

Motor Vehicle: Year \_\_\_\_\_ Make /Model: \_\_\_\_\_ Plate# \_\_\_\_\_ Mileage \_\_\_\_\_

Real Estate: \_\_\_\_\_  
(Address and/or Assessor's Map/Block/Lot/Unit Number)

Personal Property: Unique ID: 00093000 DBA: Cobra Automotive

If you are submitting an appraisal or other similar evidence, you must submit a copy along with your application.

What MARKET VALUE does the applicant place on the property? \$ \_\_\_\_\_

Briefly state the basis of the Appeal: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE - BAA Use Only**

I hereby solemnly swear that the testimony I am about to give is true and accurate to the best of my knowledge and belief.

Signature(s) of Owner(s) or Agent: \_\_\_\_\_ (Must be signed in the presence of the Board) Date: \_\_\_\_\_

Print Name \_\_\_\_\_

Motion: \_\_\_\_\_

**Voting Record Initials**

Thomas Vitale \_\_\_\_\_

Carl Bonamico \_\_\_\_\_

Robert Avery \_\_\_\_\_

**PERSONAL PROPERTY RECORD  
TOWN OF WALLINGFORD**

**GENERAL DATA:**

Unique ID: C0093000

List No.: 40457

Assessment Year: 2020

**DATE: 02/10/2021**

**BUSINESS ADDRESS**

Owner Name: COBRA AUTOMOTIVE INC  
 Doing Bus. As: COBRA AUTOMOTIVE INC  
 Care Of: C/O CURT VOGT  
 Street: 37 WAREHOUSE POINT RD  
 City: WALLINGFORD  
 State: CT Zip: 06492  
 Property Loc: 37 WAREHOUSE POINT RD  
 Bus. Start: \_\_\_/\_\_\_/\_\_\_ Type: 240  
 Bus. Sq. Ft.: 12000

District:  
 Phone: 203 284-3863 EXT: 0000

Record Status: ACTIVE  
 Street Code: S  
 Delinquent:  
 Last Visited: \_\_\_/\_\_\_/\_\_\_  
 By whom:  
 Last Audited: \_\_\_/\_\_\_/\_\_\_  
 By whom:  
 Last Changed: \_\_\_/\_\_\_/\_\_\_  
 Change Reason:

**VALUES AND EXEMPTIONS:**

**ASSESSMENT**

CODES	QUANTITY	DEPR. VALUE	ASSMT	DESCRIPTION
16		21,486	15,040	FURN/FIX/EQP...
19		2,514	1,760	MECHANICS TOOLS
20		5,843	4,090	EDP EQUIPMENT..
23		2,400	1,680	SUPPLIES.....
25			5,640	25% PENALTY

**EXEMPTIONS**

EX. CODE    APP. DATE    EX. AMT.

Penalty:

Total Value: 32,243

Old Gross Assmt: 22570

New Gross Assmt: 28210

Total Exempt:

Net Assmt: 28210

**HISTORY:**

YEAR	CODE	ASSESS	CODE	ASSESS	CODE	ASSESS	CODE	ASSESS	TOTAL
2020	16	15040	19	1760	20	4090	23	1680	28210
	25	5640							
2019	16	15040	19	1760	20	4090	23	1680	22570
2018	16	15830	19	1930	20	4280	23	1290	23330
2017	16	17500	19	2110	20	3040	23	1240	23890
2016	16	20620	19	2280	20	3040	23	1500	27440
2015	19	2460	20	3040	16	23740	23	560	
	9	2010	25	500					32310
2014	16	26850	19	2630	20	3040	23	1440	33960
2013	16	29970	19	2810	20	3040	23	390	36210
2012	19	2890	16	35960	20	3040	23	370	42260
2011	16	30290	20	3260	19	1580	23	700	35830
2010	16	21320	20	3260					24580
2009	16	10040	20	6300	23	420			16760
2008	16	11200	20	9570	21	840			21610
2007	16	12870	20	12830	21	1260			26960
2006	16	15580	20	15340	21	1680	23	0	32600
2005	10	14990	16	4690	20	250	25	4983	24913
2004	10	14990	16	4690	20	250			19930
2003	10	16440	16	1660	20	500			18600
2002	10	16450	16	1880	20	750			19080
2001	10	13060	16	1480	20	990			15530
2000	10	10030	16	1000	20	1180			12210
1999	10	10424	16	1130					11554

COBRA AUTOMOTIVE, INC.  
 37 WAREHOUSE POINT ROAD  
 WALLINGFORD, CT 06492  
 203-284-3863 FAX 203-284-3897  
 VBLINN@COBRAAUTOMOTIVE.COM

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FACSIMILE TRANSMITTAL SHEET

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TO:	FROM:
<b>Board Of Assessment appeal</b>	<b>Curt Vogt</b>
COMPANY:	DATE:
<b>Town of Wallingford</b>	<b>2/9/2021</b>
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
<b>203-294-2003</b>	<b>8</b>
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
RE:	YOUR REFERENCE NUMBER:
<b>Personal Property Assessment</b>	

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URGENT    FOR REVIEW    PLEASE COMMENT    PLEASE REPLY    PLEASE RECYCLE

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NOTES/COMMENTS:

Good Day,

Attached is a copy of our Personal Property Declaration that was mailed to the town of Wallingford on October 26, 2020. Every year our accounts fill this out, and we mail the town the copy. I do not know why you have never received this form. There have been many issues with the mail since Covid-19. It is entirely possible that this was lost in that "black hole of Covid-19".

Awaiting your response for the appeal.

Best Regards,

Ginny Blinn

Curt Vogt

Personal Property Declaration

*Curt signed original 10/26/20  
mailed Mon 10/26/20*

List/Account #: C0093000

**DUPLICATE  
FOR YOUR FILE**

Owner's Name: Curt Vogt

Assessment date October 1, 2020  
Required return date November 2, 2020

BA: Cobra Automotive  
Location (street & number): 37 Warehouse Point Road

Name	Direct questions concerning return to - <b>Curt Vogt</b>	Location of accounting record - <b>same</b>
Address	<b>37 Warehouse Point Road</b>	
City/State/Zip	<b>Wallingford, CT 06492</b>	
Phone/Fax	<b>203-284-3863</b>	
E-Mail	<b>vblinn@cobraautomotive.com</b>	
Description of business:		

Type of Business:		Number of employees	<u>27</u>
Manufacturer	<input type="checkbox"/>	Date business began	
Wholesale	<input type="checkbox"/>	Square feet of facilities	<u>12,000</u>
Service	<input checked="" type="checkbox"/>	Own or lease?	<u>lease</u>
Retail/Mercantile	<input type="checkbox"/>	Type of ownership:	
Tradesman	<input type="checkbox"/>	Corporation	<input checked="" type="checkbox"/>
Farmer	<input type="checkbox"/>	Partnership	<input type="checkbox"/>
Profession	<input type="checkbox"/>	Sole proprietor	<input type="checkbox"/>
Lessor	<input type="checkbox"/>	LLC	<input type="checkbox"/>
Other:	<input type="checkbox"/>	Other:	<input type="checkbox"/>
		IRS Business Activity Code	<u>811110</u>

In the last 12 months was any of the property included in this declaration located in another Connecticut town for at least 3 months? If yes, identify by specific months, code, cost, and location(s). Yes or No - No

Are there any other business operations that may or may not own assets that are operating from your address here in this town? If yes give name and mailing address. Yes or No - No

Do you own tangible personal property that is leased or consigned to others in this town? If yes, complete the Lessor's Report (tab - Lessor's Report). Yes or No - No

Did you have in your possession on October 1st any borrowed, consigned, stored or rented property? If yes, complete the Lessee's Report (tab - Asset Disposal & Lessee's Rpt). Yes or No - No

#17 Farm machinery			
Year Ending	Original Cost +	% Gd	Net Value
10/1/20		95%	0
10/1/19		90%	0
10/1/18		80%	0
10/1/17		70%	0
10/1/16		60%	0
10/1/15		50%	0
10/1/14		40%	0
All Prior Years		30%	0
<b>Total</b>	<b>0</b>		<b>0</b>

#18 Farm tools			
Year Ending	Original Cost +	% Gd	Net Value
10/1/20		95%	0
10/1/19		90%	0
10/1/18		80%	0
10/1/17		70%	0
10/1/16		60%	0
10/1/15		50%	0
10/1/14		40%	0
All Prior Years		30%	0
<b>Total</b>	<b>0</b>		<b>0</b>

Code	Assessment
#17	0
#18	0

#12 Commercial fishing apparatus			
Year Ending	Original Cost +	% Gd	Net Value
10/1/20		95%	0
10/1/19		90%	0
10/1/18		80%	0
10/1/17		70%	0
10/1/16		60%	0
10/1/15		50%	0
10/1/14		40%	0
All Prior Years		30%	0
<b>Total</b>	<b>0</b>		<b>0</b>

#19 Mechanics tools			
Year Ending	Original Cost +	% Gd	Net Value
10/1/20	0	95%	0
10/1/19	0	90%	0
10/1/18		80%	0
10/1/17		70%	0
10/1/16		60%	0
10/1/15		50%	0
10/1/14		40%	0
All Prior Years	8,366	30%	2,510
<b>Total</b>	<b>8,366</b>		<b>2,510</b>

Code	Assessment
#12	0
#19	1,760

List/Account #: C0093000

Property Information (continued)

Assessment date October 1, 2020

Required return date November 2, 2020

Owner's Name: Curt Vogt

DBA: Cobra Automotive

#10 Machinery & Equipment			
Year Ending	Original Cost +	% Gd	Net Value
10/1/20		95%	0
10/1/19		90%	0
10/1/18		80%	0
10/1/17		70%	0
10/1/16		60%	0
10/1/15		50%	0
10/1/14		40%	0
All Prior Years		30%	0
<b>Total</b>	0		0

#13 Mfg. M&E Per 12-81 (72)&(76)				Code	Assessment
Year Ending	Original Cost +	% Gd	Net Value		
10/1/20		95%	0		
10/1/19		90%	0		
10/1/18		80%	0		
10/1/17		70%	0		
10/1/16		60%	0	#10	0
10/1/15		50%	0		
10/1/14		40%	0	#13	0
All Prior Years		30%	0		
<b>Total</b>	0		0		

#16 Furniture & fixtures			
Year Ending	Original Cost +	% Gd	Net Value
10/1/20	0	95%	0
10/1/19		90%	0
10/1/18		80%	0
10/1/17		70%	0
10/1/16		60%	0
10/1/15		50%	0
10/1/14		40%	0
All Prior Years	71,601	30%	21,480
<b>Total</b>	71,601		21,480

#20 EDP Equipment per Sec. 168 IRS Codes			
Year Ending	Original Cost +	% Gd	Net Value
10/1/20	0	95%	0
10/1/19		80%	0
10/1/18	1,872	60%	1,123
10/1/17		40%	0
All Prior Years	21,706	20%	4,341
<b>Total</b>	23,578		5,464

#23 Expensed Supplies				Code	Assessment
Year Ending	Total Expenses	# Mo.	Avg. Monthly		
10/1/20	26,511	12	2,209	#20	3,820
<b>Total</b>	26,511		2,209	#23	1,550

#21a Not Adv. Incld 21a & prior 21c			
Year Ending	Original Cost +	% Gd	Net Value
10/1/20		95%	0
10/1/19		90%	0
10/1/18		80%	0
10/1/17		70%	0
10/1/16		60%	0
10/1/15		50%	0
10/1/14		40%	0
All Prior Years		30%	0
<b>Total</b>	0		0

#21b Adv. Incld 21b & prior 21d			
Year Ending	Original Cost +	% Gd	Net Value
10/1/20		95%	0
10/1/19		80%	0
10/1/18		60%	0
10/1/17		40%	0
All Prior Years		20%	0
<b>Total</b>	0		0

Total 21a & 21b 0 Total 21 0

#24a All ther goods, chattals & effects			
Year Ending	Original Cost +	% Gd	Net Value
10/1/20		95%	0
10/1/19		90%	0
10/1/18		80%	0
10/1/17		70%	0
10/1/16		60%	0
10/1/15		50%	0
10/1/14		40%	0
All Prior Years		30%	0
<b>Total</b>	0		0

#24b Rental video tapes			
Year Ending	Original Cost +	% Gd	Net Value
10/1/20		95%	0
10/1/19		80%	0
10/1/18		60%	0
10/1/17		40%	0
All Prior Years		20%	0
<b>Total</b>	0		0

Total 24a & 24b 0 Total 24 0

#22 Cables, conduits, pipes, etc.			
Year Ending	Original Cost +	% Gd	Net Value
10/1/20			0
10/1/19			0
10/1/18			0
10/1/17			0
10/1/16			0
10/1/15			0
10/1/14			0
All Prior Years			0
<b>Total</b>	0		0

#22 0

Check here if a PURA  or FERC  regulated utility

### Detailed Listing of Disposed Assets and Lessee's Report

List/Account #: C0093000

Assessment date October 1, 2020

Owner's Name: Curt Vogt

Required return date November 2, 2020

DBA: Cobra Automotive

#### Detailed Listing of Disposed Assets

Pursuant to CGS § 12-41(c) -- Listing of assets removed last year

Date Removed	Description of Item	Date Acquired	Acquisition Cost

#### Detailed Listing of Assets Orig Value ≤ \$250

Pursuant to CGS § 12-81(79) -- Listing of assets purchased prior to 10/1/10 with orig value ≤ \$250

Description of Item	Date Acquired	Acquisition Cost

**Notes:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### Reconciliation of Fixed Assets

Total Acquisition cost of:

Assets declared 10/1/19	103,546
Assets disposed of since 10/1/19	0
Assets Cost ≤ \$25- prior to 10/1/10	0
Assets added since 10/1/19	0
Assets declared 10/1/20	103,546

Expensed equipment last year	
Capitalization Threshold	1,000

All leased, borrowed, consigned, loaned, rented, or stored personal property not owned by you but in your possession as of the assessment date, must be included on this declaration. Failure to declare, in the form and manner as herein prescribed, shall result in the presumption of ownership and subsequent tax liability plus penalties.

Did you dispose of any leased items that were in your possession on October 1, 2019? If yes, enter a description of the property and the date of disposition in the space to the right.

Yes/No  No

Did you acquire any of the leased items that were in your possession on October 1, 2019? If yes, indicate previous lessor, item(s) and date(s) acquired in the space to the right.

Yes/No  No

Is the cost of any of the equipment listed below declared anywhere else on this declaration? If yes, note year in 'Year Included' column and list cost in 'Acquisition Cost' column.

Yes/No  No

Owner's name and address	Item Description	Model #	Year of Mfg.	Capital Lease	Term	Mo. Rent	Acquisition Cost	Yr. Incl.

**Lessor's Report**

List/Account #: C0093000

Owner's Name: Curt Vogt

Assessment date October 1, 2020

Required return date November 2, 2020

DBA: Cobra Automotive

**Lessor's Listing Report**

	Lease #1	Lease #2	Lease #3
Name of Lessee			
Lessee's address			
Physical location of equipment			
Full equipment description			
Is equipment self manufactured	Yes/No	Yes/No	Yes/No
Acquisition date			
Current commercial list price new			
Has this lease ever been purchased, assumed or assigned?	Yes /No	Yes /No	Yes /No
If yes, specify by whom			
Date of such purchase, etc.			
If original asset cost was changed by this transaction, give details.			
Type of lease			
Lease Term - Begin and end dates			
Monthly contract rent			
Monthly maintenance costs if included in monthly payment above			
Is equipment declared on either the Lessor's or the Lessee's new manufacturing exemption application?	Yes/No Lessor or Lessee	Yes/No Lessor or Lessee	Yes/No Lessor or Lessee

	Lease #4	Lease #5	Lease #6
Name of Lessee			
Lessee's address			
Physical location of equipment			
Full equipment description			
Is equipment self manufactured	Yes/No	Yes/No	Yes/No
Acquisition date			
Current commercial list price new			
Has this lease ever been purchased, assumed or assigned?	Yes /No	Yes /No	Yes /No
If yes, specify by whom			
Date of such purchase, etc.			
If original asset cost was changed by this transaction, give details.			
Type of lease			
Lease Term - Begin and end dates			
Monthly contract rent			
Monthly maintenance costs if included in monthly payment above			
Is equipment declared on either the Lessor's or the Lessee's new manufacturing exemption application?	Yes/No Lessor or Lessee	Yes/No Lessor or Lessee	Yes/No Lessor or Lessee

**Code 9, 11, and 14 Property -- Exemptions Listing -- Affidavit**

List/Account #: C0093000

Assessment date **October 1, 2020**  
 Required return date **November 2, 2020**

Owner's Name: Curt Vogt

DBA: Cobra Automotive

Location (street & number): 37 Warehouse Point Road

**Taxable Property** - Do not include real estate or Connecticut registered motor vehicles.

**#9 Motor vehicles Unregistered motor vehicles**

Year	Make	Model	Identification No.	Length	Weight	Purchase Price	Date	Value	Code	Assessments
								0	#9	0
								0	#9	0

**#11 Horses, ponies and thoroughbreds**

Breed	Age	Registered	Sex	Quality: Breeding/Show/Pleasure	Value	Code	Assessments
					0	#11	0
					0	#11	0

**#14 Mobile Manufactured Homes -- if not currently assessed as real estate**

Year	Make	Model	Length	Width	Bedrooms	Baths	Value	Code	Assessments
							0	#14	0

Code	Property Description	Net Depreciated Value	Code	Assessments
#10	Manufacturing Machinery & Equipment - not eligible for exemption	0	#10	0
#12	Commercial Fishing Apparatus	0	#12	0
#13	Manufacturing Machinery & Equipment exemption allowed under 12-81 (72)/(76)	0	#13	0
#16	Furniture & Fixtures	21,480	#16	15,040
#17	Farm Machinery	0	#17	0
#18	Farming Tools	0	#18	0
#19	Mechanics Tools	2,510	#19	1,760
#20	Electronic Data Processing Equipment	5,464	#20	3,820
#21	Telecommunications Equipment	0	#21	0
#22	Cables, conduits, pipes, poles, towers, underground mains, wires, etc.,	0	#22	0
#23	Expensed Supplies	2,209	#23	1,550
#24	Other	0	#24	0

Check box adjacent to the exemption you are claiming:

<input checked="" type="checkbox"/> Mechanic's Tools - \$500 value	<input type="checkbox"/> Horses/ponies \$1000 assessment per animal
<input type="checkbox"/> Commercial Fishing Apparatus - \$500 value	<input type="checkbox"/> Farming Tools - \$500 value
<input type="checkbox"/> Municipal Leased Assets	<input type="checkbox"/> Assets Orig. Cost ≤ \$250 & over 10 years old

The following exemptions require a separate application and/or certificate to be filed with the Assessor by November 1, note exception.

<input type="checkbox"/> Water Pollution or Air Pollution control equipment - Connecticut DEP certificate required - provide copy	<input type="checkbox"/>
<input type="checkbox"/> Farm Machinery \$100,000 assessment - Exemption application M-28 required annually by Oct. 31	<input type="checkbox"/>
<input type="checkbox"/> Distressed Municipality/Enterprise Zone/Enterprise Corridor Zone - Exemption application M-55 required annually	<input type="checkbox"/>
<input type="checkbox"/> Manufacturing Machinery/Equipment - Exemption Claim form required annually	<input type="checkbox"/>

**Affidavit** - This form must be signed (and in some cases witnessed) before it may be filed with the Assessor. **Avoid Penalty - Nolarize list signed by agent.**

I DO HEREBY declare under penalty of false statement that all sections of this declaration have been completed according to the best of my knowledge, remembrance and belief, is a true statement of all my personal property liable to taxation; and that I have not conveyed or temporarily disposed of any estate for the purpose of evading the laws relating to the assessment and collection of taxes.

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Type name here: \_\_\_\_\_

I DO HEREBY declare under oath that I have been duly appointed agent for the owner of the property listed above and that I have full authority and knowledge sufficient to file a proper list for him in accord with the provisions of §12-50 C.G.S.

Agent's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Type name here: \_\_\_\_\_

Witness of agent's sworn statement

Subscribed and sworn to before me - \_\_\_\_\_ Date \_\_\_\_\_  
 Assessor or staff member Town Clerk, Justice of the Peace, Notary or Commissioner of Superior Court

**Assessor's Final Assessment Totals**

Total Assessment -- all codes	22,170
#25 - Penalty for failure to file as required by statute -- 25% of assessment	#25
Exemptions:	0
<b>Total Net Assessment</b>	<b>22,170</b>





*Town of Wallingford, Connecticut*

**Rhonda Caswell**  
Property Appraiser

Department of Finance  
Assessing Division

203-294-2001 Phone  
203-294-2003 Fax

## MEMORANDUM

**Date:** March 4, 2020  
**To:** Shelby P. Jackson III, Assessor  
**Cc:**  
**From:** Rhonda Caswell *RC*  
**RE:** Cobra Automotive  
**Hearing #:** 2020-176

---

**Current Assessed Value:** \$28,210

**Appellant's estimate of Market Value:** no figure given

**Notes:**

- Filed 2020 declaration with appeal
- Stated that they mailed in the declaration on 10/26/20 and it was lost in the mail but have no proof

**Recommendation:**

No change.