

Tangible Personal Property Tax Return
Confidential §§193.074 F.S.
 As Required by §§193.052 & 193.062 F.S. Return to
 County Property Appraiser By April 1 to Avoid Penalties
State of Florida, County of

Business Name (DBA - Doing Business As) and
 Mailing Address

Federal Employer Iden. No
 [] [] - [] [] [] [] [] [] [] []
 Social Security Number
 [] [] [] - [] [] - [] [] [] [] [] []
 NAICS/SIC [] [] [] [] [] [] [] []

If name and address is incorrect make necessary corrections

This return subject to audit with all records kept by you.
 Incomplete entries are subject to penalties.

1. Please give name and telephone number of Owner or Person in charge of this Business.
 Name _____ Telephone _____
 Corporate Name _____

2. Actual Physical Location of Property for Which this Return is Filed (Street Address - Not P.O. Box)

3. Is your business or farm located within the incorporated limits of a City? Yes ___ No ___
 What City? _____

4. Do You File a Tangible Personal Property Tax Return Under Any Other Name? Yes ___ No ___
 Please Show name Exactly as it Appeared on Your most recent Personal Property Tax Bill or
 Other Current Tax Return. _____

5. Date you began business in this county: _____ Fiscal year: _____

5a. Although my fiscal year ended prior to December 31 of the past calendar year, this return reflects property
 additions and deletions through December 31. Yes ___ No ___

6. Describe Type or Nature of Your Business: _____

7. Trade Level (Check as many as apply) Retail Wholesale Manufacturing
 Professional Service Agriculture Leasing/Rental Other

8. Did you file a Tangible Personal Property Return in this county last Year? Yes ___ No ___
 If so, under what name and where? _____

9. Former owner of the Business: _____

9a. If Business sold, to whom? _____
 Date Sold _____

Personal Property Summary <small>THIS IS A SUMMARY SCHEDULE ONLY. The Schedules on the REVERSE SIDE must be completed in detail and TOTALS entered below. ATTACH ITEMIZED LIST or DEPRECIATION SCHEDULE showing Original Cost & Date of Acquisition.</small>	Taxpayer's Estimate of Fair Market Value	Original Installed Cost	Appraiser's Use only
10. Office Furniture & Office Machines & Library			
11. EDP Equipment, Computers, Word Processors			
12. Store, Bar & Lounge, and Restaurant Furniture & Equipment, Etc.			
13. Machinery and Manufacturing Equipment			
14. Farm, Grove, and Dairy Equipment			
15. Professional, Medical, Dental & Laboratory Equipment			
16. Hotel, Motel, & Apartment Complex			
16a. Rental Units - Stove, Refrig., Furniture, Drapes & Appliances			
17. Mobile Home Attachments (Carport, Utility Bldg., Cabana, Porch, Etc.)			
18. Service Station & Bulk Plant Equipment - Underground Tanks, Lifts, Tools			
19. Signs - Billboard, Pole, Wall, Portable, Directional, Etc.			
20. Leasehold improvements must be grouped by type, year of installation and description			
21. Pollution Control Equipment			
22. Equipment owned by you but rented, leased or held by others			
23. Supplies - Not Held for Resale			
24. Other - Please Specify			
TOTAL PERSONAL PROPERTY			

Under penalties of perjury, I declare that I have read the foregoing tax return and the accompanying schedules and statements and that the facts stated in them are true. If prepared by someone other than the taxpayer, the preparer signing this return certifies that this declaration is based on all information of which he/she has any knowledge.

DATE _____ TITLE _____

SIGNED _____ (TAXPAYER)

SIGNED _____ (PREPARER)

ADDRESS _____

PHONE NO. _____ PREPARER'S I.D. # _____

LESS EXEMPTION: () WIDOW () WIDOWER () BLIND
 () TOTAL DISABILITY () OTHER

Taxable value

Deputy _____ **Penalty** _____

Please sign and date your return, send the original to the county appraiser's office by April 1, unsigned returns cannot be accepted by the appraiser's office.

Notice: If you are entitled to a widow's, widower's or disability exemption on personal property (not already claimed on real estate) consult appraiser.