Property Appraiser
1234 Main Street
Anywhere, Florida 11111-2222

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

Account Number
Any Business
5678 Main St
Allover, FL 55555-9890

Federal Employer Iden. No: 59-0000000

Social Security Number: ___-__-____

NAICS/SIC: 000000

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: Person in charge Telephone: BR549
Corporate Name: Corporation USA
2. Actual Physical Location of Property for Which this Return is Filed (Street Address - Not P.O. Box)
123 Main St., FL, USA 07891
3. Is your business or farm located within the incorporated limits of a City? Yes___ No X
What City? ___
4. Do You File a Tangible Personal Property Tax Return Under Any Other Name? Yes___ No X
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: 1976 Fiscal year: Oct. 1 to Sept. 30
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 X No___
6. Describe Type or Nature of Your Business: Sales
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 X No___
If so, under what name and where? See # 1 & 2
9. Former owner of the Business: If applicable
9a. If Business sold, to whom? ___
Date Sold ___

PERSONAL PROPERTY SUMMARY 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.	TAXPAYER'S ESTIMATE OF FAIR MARKET VALUE	ORIGINAL INSTALLED COST	APPRAISER'S USE ONLY
10. Office Furniture & Office Machines & Library	840.00	1233.00	
11. EDP Equipment, Computers, Word Processors	2000.00	4043.00	
12. Store, Bar & Lounge, and Restaurant Furniture & Equipment, Etc.	6840.00	11342.00	
13. Machinery and Manufacturing Equipment			
14. Farm, Grove, and Dairy Equipment			
15. Professional, Medical, Dental & Laboratory Equipment			
16. Hotel, Motel, & Apartment Contents			
16a. Rental Units - Stoves, Refrig., Furniture, Sleeper & Appliances			
17. Mobile Home Accessories (Carport, Utility Bldg., Cabana, Porch, Etc.)			
18. Service Station & Bulk Plant Equipment - Underground Tanks, Lifts, Tools			
19. Signs - Flood, Pole, Wall, Portable, Directional, Etc.			
20. Leasehold improvements must be grouped by type, year of installation and description			
21. Portable Control Equipment			
22. Equipment owned by you but rented, leased or held by others	5000.00	8000.00	
23. Supplies - Not Held for Resale		1000.00	
24. Other - Please Specify			
TOTAL PERSONAL PROPERTY	14680.00	25618.00	

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 the 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.

DR-405
R. 11/01

PAGE 2 TANGIBLE PERSONAL PROPERTY TAX SCHEDULES (ENTER TOTALS ON PAGE 1)

ASSETS PHYSICALLY REMOVED DURING LAST YEAR
Property fully depreciated but continuing in service must be reported on the schedules below.

DESCRIPTION	AGE	YEAR ACQ.	TAXPAYER'S EST OF FAIR MKT VALUE	ORIGINAL INSTALLED COST	RETIRED, SOLD, TRADED, ETC.
555 Copier mod 19	3	92	10,100	15,000	Sold to ABC School

LEASED, LOANED, AND RENTED EQUIPMENT - Please complete if you hold equipment belonging to others.

NAME AND ADDRESS OF OWNER OR LESSOR	DESCRIPTION	YEAR ACQUIRED	YEAR OF MFG.	RENT PER MONTH	RETAIL INSTALLED COST NEW	LEASE & PURCHASE OPTION YES	NO
Lessor's Name & Mailing	555 Copier	93	93	175	15,000		X
Address							

LINE 10 Enter Applicable Line Number (10-24) From Page 1

DESCRIPTION OF ITEM	AGE	YEAR PURCHASED	TAXPAYER'S ESTIMATE OF FAIR MARKET VALUE	TAXPAYER'S ESTIMATE OF Condition Good	Avg	Poor	ORIGINAL INSTALLED COST	APPRAISER'S USE ONLY Condition	
Office deluxe chair	2	92	80.00		X		100.00		
Computer Desk with file	2	93	200.00		X		415.00		
Telephone - 2 lines	3	92	150.00		X		250.00		
Oak Storage Cabinet	2	93	125.00	X			150.00		
Oak Bookcase	2	93	125.00	X			139.00		
Deluxe Office Chair	2	93	150.00	X			179.00		
Enter TOTALS on Front - Continue on Separate Sheet If Necessary			840.00				1233.00		

LINE 11 Enter Applicable Line Number (10-24) From Page 1

DESCRIPTION OF ITEM	AGE								
QQQ Computer	2	93	1490.00	X			2500.00		
DP Printer 600	2	93	350.00	X			1100.00		
Monitor - 14"	2	93	140.00	X			400.00		
Mouse	2	93	20.00	X			43.00		
Enter TOTALS on Front - Continue on Separate Sheet If Necessary			2000.00				4043.00		

LINE 12 Enter Applicable Line Number (10-24) From Page 1

DESCRIPTION OF ITEM	AGE								
5 - Wooden Tables	3	92	20.00		X		40.00		
3 - Custom made glass racks	3	92	180.00		X		714.00		
12 - Large display racks	3	92	500.00		X		700.00		
2 - Cash Registers	3	92	100.00		X		300.00		
Enter TOTALS on Front - Continue on Separate Sheet If Necessary			6840.00				11342.00		

LINE 22 EQUIPMENT OWNED BY YOU BUT RENTED, LEASED, OR HELD BY OTHERS

LEASE NO.	NAME/ADDRESS OF LESSEE ACTUAL PHYSICAL LOCATION	DESCRIPTION	AGE	YEAR PURCHASED	RENT PER MONTH	TERM	TAXPAYER'S ESTIMATE OF FAIR MARKET VALUE	TAXPAYER'S ESTIMATE OF Condition Good	Avg	Poor	RETAIL INSTALLED COST NEW
13 - 4030	Lessee's Name	Fork Lift	5	90	250		5000		X		8000