

SAMPLE OF COMPLETED TAX RETURN

General Section, Questions 1-9: Please verify printed data from our records. If data has changed, is incorrect or not included, please correct form. If business and or property has been sold, complete line 9, sign form and return to us with a copy of the sales contract.
Schedule #1: List any leased, loaned or rented equipment belonging to others

in your possession January 1st. Attach additional sheets as necessary.
Taxpayer Signature Block: Be sure to sign and date your return even if someone else prepared and signed the return.
Preparer Signature Block: Be sure to sign and date the return and forward to the taxpayer for signature and dating.

THIS RETURN IS 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.
 Name: John Q. Public
 Tel. #: 772-567-8000 Fax #: 772-770-5087

2. Actual Physical Location of This Property (Street Address - NOT PO BOX):
1840 25th Street

3. Date You Began Business in this County 02/02/2000
 Fiscal Year: From 09/01 To 08/31

4. Describe Type of Business: Accountant
 Trade Level: (Circle as Many as Apply): Retail Wholesale
 Manufacturing Professional (Service) Agriculture Leasing Other

5. Did You File Tangible Personal Property Return in this County Last Year?
 Yes No If Yes, Under What Name and Address?

6. Did You File A Tangible Personal Property Return Under Another Name?
 If Yes, Name and Address? _____

7. If Business Purchased Last Year, Date? _____
 Former Owner of Business: N/A
 Former Owner's Address: _____

8. Face Amount of Fire & Casualty Insurance Carried on Personal Property
 at This Location: (DO NOT INCLUDE INVENTORY) \$ _____

9. If Business Sold or Closed Last Year, Date? _____
 New Owner of Business: _____
 New Owner's Address: _____
 Were all Assets Sold? Yes No Sale Price _____
 Attach Copy of Sales Contract

SCHEDULE #1

LEASED, LOANED, AND RENTED EQUIPMENT (PLEASE COMPLETE IF YOU HOLD EQUIPMENT BELONGING TO OTHERS.)

LEASE NO.	NAME, ADDRESS, AND PHONE NUMBER OF OWNER OR LESSOR	DESCRIPTION	YEAR ACQUIRED	YEAR OF MFG	RENT PER MONTH	RETAIL INSTALLED COST NEW
	ABC Leasing Company 100 Main Street Anywhere, USA 55555	Computer Eq	08		\$125	\$3675

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.

TAXPAYER DATE: _____ TITLE: Owner
 SIGNED: John Q. Public
 (TAXPAYER - SIGNATURE REQUIRED)

PREPARER (AGENCY OR AUTHORIZATION LETTER REQUIRED)
 DATE: _____ TITLE: _____
 SIGNED: _____
 PLEASE PRINT: _____
 ADDRESS: _____
 PHONE NO: _____ PREPARER'S ID: _____

PLEASE PRINT:
 PLEASE SIGN AND DATE YOUR RETURN. SEND THIS ORIGINAL TO THE COUNTY APPRAISER'S OFFICE BY APRIL 1st. UNSIGNED RETURNS CANNOT BE ACCEPTED BY THE APPRAISER'S OFFICE.
 NOTICE: IF YOU ARE ENTITLED TO A WIDOWS, WIDOWERS, OR DISABILITY EXEMPTION ON PERSONAL PROPERTY, NOT ALREADY CLAIMED ON REAL ESTATE, CONSULT APPRAISER.

ALL INFORMATION ON BOTH SIDES MUST BE COMPLETED IN FULL TO BE A VALID RETURN

TURN FORM OVER: ALL INFORMATION ON BOTH SIDES MUST BE COMPLETED IN FULL TO BE A VALID RETURN!

TANGIBLE PERSONAL PROPERTY ASSET SCHEDULE #2

PARCEL # 9000001 0000

RECORD NUMBER	DESCRIPTION	YEAR PURCHASED	AGE	ORIGINAL INSTALLED COST	SAME(S) CHANGED(C) REMOVED(R)	ADJUSTED ORIGINAL INSTALLED COST	EXPLANATION OF ADJUSTED ORIGINAL INSTALLED COST OR REMOVAL	TAXPAYER'S ESTIMATE OF CONDITION (GOOD OVERAGE (POOR))	TAXPAYER'S ESTIMATE OF FAIR MARKET VALUE
1	Telephone	01		50	S			A	10
2	Desk	01		125	S			A	50
3	Fax Machine	01		249	S			A	75
4	1 Z Chairs	01		50 25	C	25	Disposed of Chair	A	10
5	1 Z Stools	01		26 50	C	50	Sold Stool	A	10
6	Computer	02		849	S			G	500
7	Printer	02		189	R		Now Leasing-Sold	G	75
8	Modem	02		80	S			G	60
9	Printer Table	00		120	S			G	100
10	Supplies			800 500	C	500	Supply Correction		500
	Desk	07	1	400			New	G	400
	Chair	07	1	110			New	G	110
	Bookcase	02	1	212			Not Reflected on Schedule	A	100
	Lamps(2)	03	1	75			Not Reflected on Schedule	P	25

TOTAL ORIGINAL INSTALLED COST: 2547 3034 CONTINUE ON SEPARATE SHEET IF NECESSARY

SCHEDULE #2: If you filed a personal property tax return last year, schedule #2 will reflect the "Description", "Year Purchased", and "Original Installed Cost" of each item in our records. Please verify each asset or group of assets in the following manner:

- ◆ If you still have the asset listed, place an "S" in the column marked "Same (S)".
- ◆ Place a "C" in the column marked "Changed (C)" if the original installed cost of the asset or group of assets has changed. For example, if a group of assets were reported at one cost and a portion of the assets were sold or otherwise disposed of during the prior year, place a "C" in the appropriate column and record the adjusted original installed cost in the column marked "Adjusted Original Installed Cost".
- ◆ Place an "R" in the column marked "Removed R" if the asset or group of assets were completely disposed of prior to January 1st.
- ◆ In the last column, please explain any "C" or "R" entry. Attach additional sheets as necessary.

- ◆ Enter taxpayer's estimate of condition and fair market value in the appropriate column. Please provide any documentation supporting your estimate of value that will be submitted in future administrative or civil hearings.
- ◆ Enter description, year purchased and original cost of any assets not listed on Schedule #2.
- ◆ Enter description, year purchased and original cost of any assets purchased or acquired since your last filed return.

FINAL INSTRUCTIONS

- ◆ Please verify location and mailing address.
- ◆ Please verify all preprinted information on lines 1-9 and add information as appropriate.
- ◆ Attach any additional schedules or supplemental information to return.
- ◆ Sign return and postmark by April 1 to avoid penalties.