

Wesley Davis  
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 Vero Beach, FL 32960  
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**TANGIBLE PERSONAL PROPERTY TAX RETURN**

**CONFIDENTIAL**

DR-405, R. 01/18  
 Rule 12D-16.002, F.A.C.  
 Eff. 01/18

Return to property appraiser by **April 1** to avoid penalty.

Select County \_\_\_\_\_ County Tax year **2019**

Business name (DBA-Doing Business As) and mailing address:

Enter your account number, name, and address below. Mail this form to your County Property Appraiser.  
 Account number  
 Name and address

Federal Employer Identification Number  -   
 NAICS

If name and address is incorrect, please make needed corrections.

1. Owner or person in charge _____ Phone _____ Business/corporate name	6. Type or nature of your business _____ Trade levels (check all that apply) <input type="checkbox"/> Retail <input type="checkbox"/> Wholesale <input type="checkbox"/> Manufacturing <input type="checkbox"/> Professional <input type="checkbox"/> Service <input type="checkbox"/> Agricultural <input type="checkbox"/> Leasing/rental <input type="checkbox"/> Other, specify: _____
2. Physical location (no PO Boxes)	7. Did you file a TPP return in this county last year? <input type="checkbox"/> Yes <input type="checkbox"/> No Name and location
3. Do you file a TPP tax return under any other name? <input type="checkbox"/> Yes <input type="checkbox"/> No Name on most recent return or tax bill	8. Former owner of business
4. Date you began business in this county	9. If sold, to whom? _____ Date sold _____
5. Fiscal year end date _____ If before 12/31 last year, does this return reflect additions/deletions through Dec 31? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Personal Property Summary Schedule** - Enter totals from page 2 or from an attached itemized list or depreciation schedule with original cost and date of acquisition.

	Taxpayer's Estimate of Fair Market Value	Original Installed Cost	For Property Appraiser Use Only
10 Office furniture, office machines, and library			
11 EDP equipment, computers, and word processors			
12 Store, bar and lounge, and restaurant furniture, equipment, etc.			
13 Machinery and manufacturing equipment			
14 Farm, grove, and dairy equipment			
15 Professional, medical, dental, and laboratory equipment			
16 Hotel, motel, and apartment complex			
16a Rental units (stove, refrigerator, furniture, drapes, and appliances)			
17 Mobile home attachments (carport, utility building, cabana, porch, etc.)			
18 Service station and bulk plant equipment (underground tanks, lifts, tools)			
19 Signs (billboard, pole, wall, portable, directional, etc.)			
20 Leasehold improvements - 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 Renewable energy source devices			
25 Other, specify: _____			
<b>TOTAL PERSONAL PROPERTY</b>			

I declare I have read this tax return and the accompanying schedules and statements. The facts 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 he or she has knowledge of.

Signature taxpayer	Print name	Title	Date
Signature preparer	Print name	Preparer ID	Date
Address		Phone	

<input checked="" type="checkbox"/> \$25,000	Less Exemptions	
<input type="checkbox"/> Widowed	Taxable Value	
<input type="checkbox"/> Blind	Penalties	
<input type="checkbox"/> Total disability		
<input checked="" type="checkbox"/> Other, specify		
Signature, deputy		Date

Sign and date your return, send the original to the county property appraiser's office by April 1. Unsigned returns cannot be accepted by the appraiser's office. If you are entitled to a widow's, widower's, or disability exemption on personal property (not already claimed on real estate), consult your appraiser.

# TANGIBLE PERSONAL PROPERTY

Report all property owned by you including fully depreciated items still in use.

ASSETS PHYSICALLY REMOVED DURING THE LAST YEAR						
Description	Age	Year Acquired	Taxpayer's Estimate of Fair Market Value	Original Installed Cost	Disposed, sold, or traded and to whom?	

LEASED, LOANED, OR RENTED EQUIPMENT							Complete if you hold equipment belonging to others.		Lease Purchase Option	
Name and Address of Owner or Lessor	Description			Year Acquired	Year of Manufacture	Monthly Rent	Original Installed Cost	Yes	No	
								<input type="checkbox"/>	<input type="checkbox"/>	
								<input type="checkbox"/>	<input type="checkbox"/>	
								<input type="checkbox"/>	<input type="checkbox"/>	

SCHEDULE FOR LINE 22, PAGE 1			Equipment owned by you but rented, leased, or held by others. Enter total on page 1.							
Lease Number	Name/address of lessee Actual physical location	Description	Age	Year Acquired	Monthly Rent	Term	Taxpayer's Estimate of Fair Market Value	Cond*	Original Installed Cost New	

SCHEDULES FOR PAGE 1, LINES 10 - 21 and 23 - 25							APPRAISER'S USE ONLY	
Enter line number from page 1. Description	Age	Year Acquired	Taxpayer's Estimate of Fair Market Value	Cond*	Original Installed Cost	Cond*	Value	
Enter totals on page 1.		<b>TOTAL</b>			<b>TOTAL</b>	<b>TOTAL</b>		
Enter line number from page 1. Description	Age	Year Acquired	Taxpayer's Estimate of Fair Market Value	Cond*	Original Installed Cost	Cond*	Value	
Enter totals on page 1.		<b>TOTAL</b>			<b>TOTAL</b>	<b>TOTAL</b>		
Enter line number from page 1. Description	Age	Year Acquired	Taxpayer's Estimate of Fair Market Value	Cond*	Original Installed Cost	Cond*	Value	
Enter totals on page 1.		<b>TOTAL</b>			<b>TOTAL</b>	<b>TOTAL</b>		

\*Condition: enter good, avg (average), or poor. Add pages, if needed. See instructions on pages 3 and 4.

