

FOLIO #:

TANGIBLE PERSONAL PROPERTY TAX RETURN

STATE OF FLORIDA
COUNTY OF

MILL CODE:
LOCATION:

Confidential § 193.074 F.S.
As Required by §§ 193.052 & 193.062 F.S.

**COLLIER
2012**

**Return To County Property Appraiser
By April 1 To Avoid Penalties**

PHONE NUMBER: (239) 252-8145
FAX NUMBER: (239) 252-8196
www.collierappraiser.com

FEDERAL EMPLOYER IDENTIFICATION NUMBER

NAICS NUMBER

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MAIL COMPLETED RETURN TO:

NAME AND MAILING ADDRESS:

ABE SKINNER, CFA
COLLIER COUNTY PROPERTY APPRAISER
3950 RADIO ROAD
NAPLES, FL 34104-3750

DOR CODE:

If name or address is incorrect, please make necessary corrections.

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: _____

Phone #: _____ Fax #: _____

2. Actual Physical Location of Corporately Owned or Rental Property (Street Address - NOT PO BOX): _____

3. Is Your Rental/Corporate Owned Property Located Within the Incorporated Limits of a City? Yes ____ No ____

If Yes, what City? _____

4. Do You File a Tangible Personal Property Tax Return Under Any Other Name? Yes ____ No ____

If Yes, Please Show Name Exactly as it Appeared on Your Most Recent Personal Property Tax Bill or Current Return

5. Date You Began Renting Property In This County: Day ____ Month ____ Year ____

Seasonal _____ Annual _____ (Please check one)

6. Did You File a Tangible Personal Property Return in This County Last Year? Yes ____ No ____

If Yes, Under what Name and Address? _____

7. Please Indicate the Type of Property You Are Renting:

____ Single Family ____ Duplex ____ Multi-Family ____ Condominium ____ Co-op ____ Mobile Home

8. If Rental/Corporate Property Sold, To whom? _____ Date Sold: _____

8a. Former Owner of the Rental/Corporate Property (if sold): _____

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

WIDOWED BLIND \$25,000
 TOTAL DISABILITY OTHER, SPECIFY

TAXABLE VALUE

DEPUTY PENALTY

DATE: _____ TITLE: _____

SIGNED: _____
(TAXPAYER ONLY SIGNATURE REQUIRED)

SIGNED: _____
(PREPARER)

ADDRESS: _____

PHONE NO: _____ PREPARER'S ID: _____

TAXPAYER 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 WIDOW'S, WIDOWER'S, OR DISABILITY EXEMPTION ON PERSONAL PROPERTY (NOT ALREADY CLAIMED ON REAL ESTATE), PLEASE CONSULT APPRAISER.

PLEASE COMPLETE ASSET SCHEDULE #1 ON THE REVERSE SIDE

