

FOLIO #: MILL CODE: LOCATION:	TANGIBLE PERSONAL PROPERTY TAX RETURN Confidential § 193.074 F.S. As Required by §§ 193.052 & 193.062 F.S.	STATE OF FLORIDA COUNTY OF 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 MAIL COMPLETED RETURN TO:	FEDERAL EMPLOYER IDENTIFICATION NUMBER [] [] - [] [] [] [] [] [] [] []	NAICS NUMBER [] [] [] [] [] [] [] []	BUSINESS NAME (DBA) AND MAILING ADDRESS:
<p align="center"> ABE SKINNER, CFA COLLIER COUNTY PROPERTY APPRAISER 3950 RADIO ROAD NAPLES, FL 34104-3750 </p>			

DOR CODE: _____ BUSINESS TYPE: _____ 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: _____ Tel. #: _____ Fax #: _____ Corp Name/DBA: _____	5. Date You Began Business In This County: _____ Fiscal Year: From _____ to _____
2. Actual Physical Location of This Property (Street Address - NOT PO BOX) as of January 1st: _____	6. Describe Type or Nature of Your Business _____
3. Did You File a Tangible Personal Property Return in This County Last Year? Yes ___ No ___ If Yes, Under what Name and Address? _____	7. Trade Level: (Circle as many as apply) Retail Wholesale Manufacturing Professional Service Agriculture Leasing/Rental Other
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 _____	8. Is Your Business or Farm Located Within the Incorporated Limits of a City? Yes ___ No ___ If Yes, what City? _____
	9. If Business Closed, Sold, or Moved (Circle one) Date: _____ If sold; Name, Address and Phone of New Owner _____ If moved; Moved from _____ To _____

SCHEDULE #1

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

SCHEDULE #2

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 CONDITION		RETAIL INSTALLED COST NEW
							FAIR MARKET VALUE	(GOOD) (AVG.) (POOR)	

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 _____
DATE: _____ TITLE: _____ SIGNED: _____ (TAXPAYER ONLY SIGNATURE REQUIRED) SIGNED: _____ (PREPARER) ADDRESS: _____ PHONE NO: _____ PREPARER'S ID: _____	<p align="center">TAXABLE VALUE</p> <p align="center">DEPUTY PENALTY</p> <p align="center">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.</p>
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.	

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

