

SAMPLE OF OUR COMPLETED TAX RETURN

GENERAL SECTION, QUESTIONS 1-8a - Please complete in full.

SIGNATURE BLOCK - Be sure to date & sign your return. The return is considered incomplete without the taxpayer's signature. *NOTE TO PREPARERS- YOU MUST ATTACH AUTHORIZATION FROM TAXPAYER IN THE EVENT YOU ARE SIGNING ON HIS OR HER BEHALF.*

1. Please Give Name and Telephone Number of Owner or Person in Charge. Name: <u>John Q. Public</u> Phone #: <u>(239) 555-6666</u> Fax #: <u>(239) 555-9999</u>	
2. Actual Physical Location of Corporately Owned or Rental Property (Street Address - NOT PO BOX): <u>2000 Cortez Rd. W.</u>	
3. Is Your Rental/Corporate Owned Property Located Within the Incorporated Limits of a City? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, what City? _____	
4. Do You File a Tangible Personal Property Tax Return Under Any Other Name? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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: <u>2/1/93</u> Seasonal _____ Annual _____ (Please check one)	
6. Did You File a Tangible Personal Property Return in This County Last Year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If Yes, Under what Name and Address? <u>same</u>	
7. Please Indicate the Type of Property You Are Renting: <input type="checkbox"/> Single Family <input type="checkbox"/> Duplex <input checked="" type="checkbox"/> Multi-Family <input type="checkbox"/> Condominium <input type="checkbox"/> Co-op <input type="checkbox"/> Mobile Home	
8. If Rental/Corporate Property Sold, To whom? <u>N/A</u> Date Sold: _____	
8a. Former Owner of the Rental/Corporate Property (if sold): <u>N/A</u>	

<p>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.</p> <p>DATE: <u>3/1/10</u> TITLE: <u>owner</u></p> <p>SIGNED: _____ (TAXPAYER ONLY SIGNATURE REQUIRED)</p> <p>SIGNED: _____ (PREPARER)</p> <p>ADDRESS: _____</p> <p>PHONE NO: _____ PREPARER'S ID: _____</p>	<p>LESS EXEMPTION: <input type="checkbox"/> WIDOW <input type="checkbox"/> WIDOWER <input type="checkbox"/> BLIND <input type="checkbox"/> TOTAL DISABILITY <input type="checkbox"/> OTHER</p> <p>TAXABLE VALUE</p> <p>DEPUTY _____ PENALTY _____</p> <p>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> <p><small>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.</small></p>
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PLEASE COMPLETE ASSET SCHEDULE #1 ON THE REVERSE SIDE

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

TANGIBLE PERSONAL PROPERTY ASSET SCHEDULE #1											
FOLIO # <u>88700000000</u>											
LINE #	DEPT CODE	DESCRIPTION	YEAR PURCHASED	TAXPAYER'S ESTIMATE OF CONDITION (GOOD (AVG.) (POOR))		ORIGINAL INSTALLED COST	TAXPAYER'S ESTIMATE OF FAIR MARKET VALUE	SAME (S)	CHANGED (C)	REMOVED (R)	EXPLANATION OF ADJUSTED ORIGINAL INSTALLED COST OR REMOVAL
10	400	Housewares/Linens	95	15		780 500			C		Disposed of linens
20	400	Furniture	95	15		849		S			
30	400	Television	95	15		149		S			
		Ceiling Fan	05	5	G	110	110				New
		Blinds	05	5	G	435	435				New
		Lamps (2)	96	14	P	75	25				Not reflected on schedule
TOTAL ORIGINAL INSTALLED COST						1748 218					CONTINUE ON SEPARATE SHEET IF NECESSARY

SCHEDULE #1 - IF YOU FILED A PERSONAL PROPERTY TAX RETURN LAST YEAR, SCHEDULE #1 WILL DISPLAY THE "DESCRIPTION," "YEAR PURCHASED," AND "ORIGINAL INSTALLED COST" OF EACH ITEM ON OUR RECORDS. PLEASE VERIFY EACH ASSET 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 disposed of during the 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.
- ◆ Please explain any "C" or "R" entry in the last column. Attach additional sheets if necessary.
- ◆ List description, year purchased and original cost on any assets not reflected on the asset schedule.
- ◆ List description, year purchased and original cost on any assets purchased or acquired since your last return was filed. (Property Appraiser will enter line number and department code.)

FINAL INSTRUCTIONS

- ◆ Attach any additional schedules or supplemental information to return.
- ◆ Return to Property Appraiser's Office in the enclosed envelope.
- ◆ Be sure to sign the front of return.
- ◆ All returns must be postmarked by April 1st to avoid penalties.