

SAMPLE OF OUR COMPLETED TAX RETURN

GENERAL SECTION, QUESTIONS 1-9 - Please complete in full.

SCHEDULE #1 - List any leased, loaned or rented equipment in your possession on January 1st. Please provide complete name and address of owner or lessor. Attach additional sheets if necessary.

SCHEDULE #2 - List any equipment you may own but was out on loan, rent or lease to others on January 1st. Attach additional sheets if necessary.

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.**

<p>1. Please Give Name and Telephone Number of Owner or Person in Charge. Name: <u>John Q. Public</u> Tel. #: <u>(239) 555-6666</u> Fax #: _____ Corp Name/DBA: <u>John Q. Public, Inc.</u></p> <p>2. Actual Physical Location of This Property (Street Address - NOT PO BOX) as of January 1st: <u>2000 Cortez Rd. W.</u></p> <p>3. Did You File a Tangible Personal Property Return in This County Last Year? Yes <input checked="" type="checkbox"/> No _____ If Yes, Under what Name and Address? <u>Same</u></p> <p>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 _____</p>	<p>5. Date You Began Business In This County: <u>02/01/93</u> Fiscal Year: From <u>09/01</u> to <u>08/31</u></p> <p>6. Describe Type or Nature of Your Business <u>Accountant</u></p> <p>7. Trade Level: (Circle as many as apply) Retail Wholesale Manufacturing Professional <input checked="" type="checkbox"/> Service Agriculture Leasing/Rental Other</p> <p>8. Is Your Business or Farm Located Within the Incorporated Limits of a City? Yes _____ No <input checked="" type="checkbox"/> If Yes, what City? _____</p> <p>9. If Business Closed, Sold, or Moved (Circle one) Date: _____ If sold; Name, Address and Phone of New Owner _____ If moved; Moved from _____ To _____</p>								
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				
<u>ABC Leasing Company 100 Main Street Anywhere, USA 55555</u>	<u>1 Computer & Printer</u>	<u>98</u>	<u>98</u>	<u>\$125</u>	<u>\$3675</u>				
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 FAIR MARKET VALUE	TAXPAYER'S ESTIMATE OF CONDITION (GOOD) (AVG.) (POOR)	RETAIL INSTALLED COST NEW
<u>123</u>	<u>John Doe 2001 Cortez Rd. W. Naples, FL</u>	<u>Desk & Chair</u>	<u>14yr</u>	<u>1996</u>	<u>\$50</u>	<u>18mo</u>	<u>\$900</u>	<u>Avg.</u>	<u>\$1400</u>
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.						LESS EXEMPTION: [] WIDOW [] WIDOWER [] BLIND [] TOTAL DISABILITY [] OTHER			
DATE: <u>3/1/2010</u> TITLE: <u>owner</u>						TAXABLE VALUE			
SIGNED: <u>John Q. Public</u> (TAXPAYER ONLY SIGNATURE REQUIRED)						DEPUTY PENALTY			
SIGNED: _____ (PREPARER)						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.			
ADDRESS: _____						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.			
PHONE NO: _____ PREPARER'S ID: _____									

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

TANGIBLE PERSONAL PROPERTY ASSET SCHEDULE #3												
FOLIO # <u>850000000-0</u>												
LINE #	DEPT CODE	DESCRIPTION	YEAR PURCHASED	TAXPAYER'S ESTIMATE OF CONDITION		ORIGINAL INSTALLED COST	TAXPAYER'S ESTIMATE OF FAIR MARKET VALUE	SAME (S)	CHANGED (C)	REMOVED (R)	ADJUSTED ORIGINAL INSTALLED COST	EXPLANATION OF ADJUSTED ORIGINAL INSTALLED COST OR REMOVAL
				AGE	(AVG.) (POOR)							
10	6750	Telephone	98	12		50		S				
20	4500	Desk	98	12		125		S				
30	3100	Fax Machine	99	11		249		S				
40	4500	<u>1</u> 2 Chairs	99	11		<u>50</u> 25			C		<u>25</u>	<u>Disposed of chair</u>
50	4500	<u>1</u> 2 Stools	99	11		<u>75</u> 50			C		<u>50</u>	<u>Sold stool</u>
60	1950	Computer	99	11		849		S				
70	2000	Printer	99	11		189				R		<u>Now leasing-sold</u>
80	2000	Modem	99	11		80		S				
90	4500	Printer Table	99	11		120		S				
100	6700	Supplies				<u>800</u> 500			C		<u>500</u>	<u>Supply correction</u>
		<u>Desk</u>	<u>05</u>	<u>5</u>	<u>G</u>	<u>400</u>	<u>400</u>					<u>New</u>
		<u>Chair</u>	<u>05</u>	<u>5</u>	<u>G</u>	<u>110</u>	<u>110</u>					<u>New</u>
		<u>Bookcase</u>	<u>99</u>	<u>11</u>	<u>A</u>	<u>212</u>	<u>100</u>					<u>Not reflected on schedule</u>
		<u>Lamps (2)</u>	<u>00</u>	<u>10</u>	<u>P</u>	<u>75</u>	<u>25</u>					<u>" "</u>
TOTAL ORIGINAL INSTALLED COST						<u>2587</u> 3034						

SCHEDULE #3 - IF YOU FILED A PERSONAL PROPERTY TAX RETURN LAST YEAR, SCHEDULE #3 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.