

FOLIO #:
RESIDENTIAL RENTAL PROPERTY
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
2026

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

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

FEDERAL EMPLOYER IDENTIFICATION NUMBER

□□ - □□□□□□□□

NAICS NUMBER

□□□□□□

NAME AND MAILING ADDRESS:

MAIL COMPLETED RETURN TO:

VICKIE A. DOWNS
COLLIER COUNTY PROPERTY APPRAISER
3950 RADIO ROAD
NAPLES, FL 34104-3750

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.

- Please Give Name and Telephone Number of Owner or Person in Charge. Name: _____
Phone #: _____ Fax #: _____
 - Actual Physical Location of Corporately Owned or Rental Property (Street Address - NOT PO BOX): _____
 - Is Your Rental/Corporate Owned Property Located Within the Incorporated Limits of a City? Yes ____ No ____
If Yes, what City? _____
 - 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
-
- Date You Began Renting Property In This County: Day ____ Month ____ Year ____
Seasonal _____ Annual _____ **(Please check one)**
 - Did You File a Tangible Personal Property Return in This County Last Year? Yes ____ No ____
If Yes, Under what Name and Address? _____
 - Please Indicate the Type of Property You Are Renting:
____ Single Family ____ Duplex ____ Multi-Family ____ Condominium ____ Co-op ____ Mobile Home
 - 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.

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 APPRAIDER'S OFFICE.

**** THIS SECTION IS FOR OFFICIAL USE ONLY ****

RECIEVED BY: _____ RECIEVED ON: _____

NOTES:

PLEASE COMPLETE ASSET SCHEDULE #1 ON THE REVERSE SIDE

