

Tangible Personal Property Tax Return
Confidential §§193.074 F.S.
As Required by §§193.052 & 193.062 F.S. Return to
County Property Appraiser By April 1 to Avoid Penalties
State of Florida, County of

Business Name (DBA - Doing Business As) and
Mailing Address

Federal Employer Iden. No.

Social Security Number

NAICS/SIC

If name and address is incorrect make necessary corrections

This return 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 of this Business.

Name Telephone

Corporate Name

2. Actual Physical Location of Property for Which this Return is Filed (Street Address-Not P.O. Box)

3. Is your business or farm located within the incorporated limits of a City? Yes No
What City?

4. Do You File a Tangible Personal Property Tax Return Under Any Other Name? Yes No
Please Show name Exactly as it Appeared on Your most recent Personal Property Tax Bill or
Other Current Tax Return.

5. Date you began business in this county: Fiscal Year:

5a. Although my fiscal year ended prior to December 31 of the past calendar year, this return
reflects property additions and deletions through December 31. Yes No

6. Describe Type or Nature of Your Business:

7. Trade Level (Check as many as apply) Retail Wholesale Manufacturing
Professional Service Agriculture Leasing/Rental Other

8. Did you file a Tangible Personal Property Return in this county last Year? Yes No
If so, under what name and where?

9. Former owner of the Business:

9a. If Business sold, to whom?
Date Sold

Table with 4 columns: Description, Taxpayer's Estimate of Fair Market Value, Original Installed Cost, Appraiser's Use only. Rows include Office Furniture, EDP Equipment, Store, Bar & Lounge, etc.

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

DATE TITLE

SIGNED (TAXPAYER)

SIGNED (PREPARER)

ADDRESS

PHONE NO. PREPARER'S I.D. #

LESS EXEMPTION: ( ) WIDOW ( ) WIDOWER ( ) BLIND
( ) TOTAL DISABILITY ( ) OTHER

Taxable value
DEPUTY PENALTY

Please sign and date your return, send the original to the county
appraiser's office by April 1, 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)
consult appraiser.

