PA# _____

JIMMY H. COWAN, JR., CFA
COUNTY PROPERTY APPRAISER
POST OFFICE BOX 6919
OCALA, FLORIDA 34478-6919

TANGIBLE RETURN QUESTIONS? CALL 352-368-8369
FAX 352-368-8324

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 **Marion**

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

Federal Employer Identification No.
☐☐ ☐☐☐☐☐☐☐☐☐

Social Security Number
☐☐☐ ☐☐ ☐☐☐☐

NAICS/SIC

E-mail: _____

If name and address is incorrect, 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 no. of Owner or Person in charge of this business.
Name: _____
Telephone No. _____ Fax No. _____
Corp. Name/DBA _____
2. Is your business or farm located within the incorporated limits of a City?
Yes __ No __ If Yes, what City? _____
3. Actual Physical Location of this Personal Property (Street Address - NOT P.O. BOX):
_____
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 _____
5. Date you began Business in this County: _____
Fiscal Year: From _____To _____
6. Although my fiscal year ended prior to December 31st of the past calendar year, this return reflects property additions and deletions through December 31. Yes __ No __
7. Describe Type or Nature of your Business: _____
Trade Level: (Circle 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 Yes, under what Name and Address? _____
_____
9. Former Owner of the Business: _____
If Business sold , to Whom? _____
Date sold _____
9a. Were all Assets sold? Yes __ No __ Sale Price? _____
Please attach copy of Bill of Sale.

SCHEDULE #1

CONTINUE ON SEPARATE SHEET IF NECESSARY

LEASED, LOANED AND RENTED EQUIPMENT (PLEASE COMPLETE IF YOU LEASE, HOLD OR USE EQUIPMENT BELONGING TO OTHERS)

NAME AND ADDRESS OF OWNER OR LESSOR	CONTRACT NUMBER	ASSET DESCRIPTION	YEAR ACQUIRED	LEASE TERM	RENT PER MONTH	RETAIL INSTALLED COST NEW

SCHEDULE #2

CONTINUE ON SEPARATE SHEET IF NECESSARY

EQUIPMENT OWNED BY YOU BUT RENTED LEASED, OR HELD BY OTHERS

LEASE NO	NAME/ADDRESS OF LESSEE ACTUAL PHYSICAL LOCATION OF ASSETS	DESCRIPTION	AGE	YEAR PURCHASED	RENT PER MONTH	TERM	TAXPAYER'S ESTIMATE OF FAIR MARKET VALUE	CONDITION (GOOD) (AVG.) (POOR)	RETAIL INSTALLED COST NEW

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 SIGNATURE REQUIRED)

SIGNED: _____
(PREPARER)

ADDRESS: _____

PHONE NO: _____ PREPARER'S ID: _____

THE FILING OF THIS RETURN WILL SERVE AS YOUR APPLICATION FOR THE $25,000 TANGIBLE EXEMPTION PURSUANT TO 196.183 OF THE FLORIDA STATUTES.

FAILURE TO FILE THIS RETURN AS REQUIRED WILL RESULT IN THE LOSS OF YOUR TANGIBLE EXEMPTION AND WILL RESULT IN ASSESSMENT OF PENALTIES PURSUANT TO SECTIONS 193.072 AND 196.183 OF THE FLORIDA STATUTES.

LESS EXEMPTION: ( ) $25,000 ( ) WIDOW ( ) WIDOWER ( ) BLIND ( ) TOTAL DISABILITY ( ) OTHER

TAXABLE VALUE | "Orig. Cost"

DEPUTY | PENALTY

PLEASE 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.

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.

Preparer's Code #

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

Important Note: Be sure to include all new acquisitions as well as all expensed and fully depreciated assets on this return. Failure to include all assets physically present on January 1st may result in penalties.

TANGIBLE PERSONAL PROPERTY ASSET SCHEDULE #3

PA# ______________________________

P P S # 1	ASSET # 2	DESCRIPTION 3	YEAR PURCHASED 4	# UNITS 5	PER UNIT TOTAL ORIGINAL INSTALLED COST 6	APPR. USE ONLY 7	SAME (S) 8	CHANGED (C) 9	REMOVED (R) 10	SOLD (S) 11	ADJUSTED ORIGINAL INSTALLED COST 12	EXPLANATION OF ADJUSTED ORIGINAL INSTALLED COST, SALE, OR REMOVAL 13	TAXPAYER'S ESTIMATE OF CONDITION (GOOD) (AVG.) (POOR) 14	TAXPAYER'S ESTIMATE OF FAIR MARKET VALUE 15

CONTINUE ON A SUPPLEMENT PAGE OR SEPARATE SHEET IF NECESSARY

TOTAL ORIGINAL INSTALLED COST ________ **TOTAL** ________ **TOTAL** ________