

Parcel #:
Alt Key #:
Mill Code:
District:
PC Code:
By filing this form on time, you are applying for a \$25,000 TPP exemption.

State of Florida
County of
Volusia

Tangible Personal Property Tax Return
CONFIDENTIAL § 193.074, F.S.
As Required by §§ 193.052, F.S. & 193.062, F.S.
RETURN TO COUNTY PROPERTY APPRAISER
BY APRIL 1ST TO AVOID PENALTIES

Phone: (386) 254-4621 FEDERAL EMPLOYER IDENTIFICATION NUMBER NAICS NUMBER
Fax: (386) 822-5063

MAIL COMPLETED RETURN TO: BUSINESS NAME (DBA) AND MAILING ADDRESS:
Larry Bartlett, J.D.
Volusia County Property Appraiser
123 W. Indiana Ave, Room 102
DeLand, Florida 32720
BUSINESS LOCATION 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.

- 1. Please give name and telephone number of owner or person in charge.
2. Actual physical location of this property (Street address - NOT PO BOX):
3. Is your business or farm located within the incorporated limits of a city?
4. Do you file a Tangible Personal Property Tax Return under any other name?
5. Date you began business in this County:
6. Describe type or nature of your business:
7. Trade Level: (Circle as many as apply) Retail Wholesale Manufacturing
8. Did you file a Tangible Personal Property Return in this County last year?
9. Former owner of the business:
10. If business sold, to whom?
10a. Were all assets sold? Yes No Sale Price?

SCHEDULE #1

Table with columns: NAME AND ADDRESS OF OWNER OR LESSOR, DESCRIPTION, YEAR ACQUIRED, LEASE TERM, RENT PER MONTH, RETAIL INSTALLED COST NEW, LEASE PURCHASE OPTION YES NO

SCHEDULE #2

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

CONTINUE ON SEPARATE SHEET IF NECESSARY

Under penalties of perjury I declare that I have read this tax return and the accompanying schedules and statements. The facts 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 he or she has knowledge of.
Signature Taxpayer: Title: Date:
Signature Preparer: Preparer ID: Date:
Address: Phone:
LESS EXEMPTION: () \$25,000 () Widowed () Blind () Total Disability () Other, Specify
Less Exemptions Taxable Value Penalties
Signature, Deputy Date

Sign and date your return, send the original to the county property appraiser's office by April 1st. Unsigned returns cannot be accepted by the appraiser's office. If you are entitled to a widow's, widower's, or disability exemption on personal property (not already claimed on real estate), consult your appraiser.

