

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**
 Fax: **(386) 239-7717**

FEDERAL EMPLOYER IDENTIFICATION NUMBER

NAICS NUMBER

MAIL COMPLETED RETURN TO:

BUSINESS NAME (DBA) AND MAILING ADDRESS:

Larry Bartlett, J.D.
Volusia County Property Appraiser
250 North Beach Street, Room 109
Daytona Beach, Florida 32114

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.
 Name: _____
 Tel.#: _____ Fax: _____
EMAIL: _____
 Corp Name/DBA: _____
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?
 Yes _____ No _____ If Yes, what city? _____
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
 personal property tax bill or current return: _____
5. Date you began business in this County: _____
 Fiscal Year: From: _____ To: _____
6. Describe type or nature of your business: _____
7. 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: _____
10. If business sold, to whom? _____
- 10a. Were all assets sold? Yes ___ No ___ Sale Price? _____

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	LEASE TERM	RENT PER MONTH	RETAIL INSTALLED COST NEW	LEASE PURCHASE OPTION	
						YES	NO

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:		RETAIL INSTALLED COST NEW
							FAIR MARKET VALUE	CONDITION (GOOD) (AVG) (POOR)	

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.

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

