

Parcel #: Alt Key #: Mill Code: District: _____ PC Code: _____ <i>By filing this form on time, you are applying for a \$25,000 TPP exemption.</i>	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) 239-7717		

MAIL COMPLETED RETURN TO: Larry Bartlett, J.D. Volusia County Property Appraiser 250 North Beach Street, Room 109 Daytona Beach, Florida 32114 BUSINESS LOCATION	BUSINESS NAME (DBA) AND MAILING ADDRESS: 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

