

**PHILLIP L PELLETIER
HENDRY COUNTY PROPERTY APPRAISER
PO BOX 1840
LABELLE FL 33975**

TANGIBLE PERSONAL PROPERTY TAX RETURN

CONFIDENTIAL

DR-405
R. 12/11
Rule 12D-16.002, F.A.C.

Return to property appraiser by **April 1** to avoid penalty.

HENDRY County Tax Year **20 15**

Account number
Name and address

B 0123456
JOHN DOE
25 WONDERLAND LANE
LABELLE FL 33935

THE B-ACCT # TELLS US YOU HAVE FILED WITH THIS COUNTY BEFORE.

ALL THESE AREAS ARE REQUIRED SO THAT WE ASSESS THE CORRECT PERSON & MAIL TO THE CORRECT MAILING ADDRESS. ALSO, ASSIGN THE CORRECT TAXING CODES

JOHN DOE
PO BOX 1840
LABELLE FL 33975

Business name (DBA-Doing Business As) and mailing address:
Federal Employer Identification Number OR YOUR SS#
NAICS

1 2 - 1 2 3 4 5 6 7

1 2 3 4 5 6

YOUR FED I.D. # ENABLES US TO IDENTIFY YOU WITH THE STATE & ASSIGN DEPT OF REVENUE CODINGS

By filing this form on time, you are applying for a \$25,000 TPP exemption.

Please correct if name or address is incorrect. This return is subject to audit with all records kept by you. Incomplete entries are subject to penalties.

1. Owner or person in charge Business/corporate name	JOHN DOE CHICKEN STOCK PANTRY	863-675-0000	5. Type or nature of your business	RAISE CHICKEN
2. Physical location (no PO Boxes)	25 WONDERLAND LANE		7. Trade levels (check all that apply)	<input type="checkbox"/> RETAIL <input type="checkbox"/> WHOLESALE <input type="checkbox"/> SERVICE <input type="checkbox"/> MANUFACTURING <input type="checkbox"/> PROFESSIONAL <input checked="" type="checkbox"/> AGRICULTURAL <input type="checkbox"/> LEASING/RENTAL <input type="checkbox"/> OTHER, SPECIFY:
3. City	FELDA		8. Did you file a TPP return in this county last year? Name and location	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO SAME AS ABOVE
4. Do you file a TPP tax return under any other name? Name on your most recent return or tax bill	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		9. Former owner of business	DID YOU BUY THIS BUSINESS FROM SOMEONE ELSE? IF SO WHEN? WHAT BUSINESS NAME DID IT HAVE?
5. Date you began business in this county My fiscal year ended before Dec 31 of last year, but this return reflects additions and deletions through Dec 31.	Fiscal Year OCT 1995	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	9a. If sold, to whom? Date sold	

SUMMARY SCHEDULE LINES

	Personal Property Summary Schedule - Enter totals from page 2 or from an attached itemized list or depreciation schedule with original cost and date of acquisition.	Taxpayer's Estimate of Fair Market Value	Original Installed	For Property Appraiser Use Only
10	Office furniture, office machines, and library	600.00	1,400.00	SUB TOTALS FROM PAGE 2 ACCORDING TO THE SCHEDULE # ASSIGNED
11	EDP equipment, computers, and word processors	500.00	1,000.00	
12	Store, bar and lounge, and restaurant furniture, equipment, etc.			
13	Machinery and manufacturing equipment			
14	Farm, grove, and dairy equipment	7,000.00	10,000.00	
15	Professional, medical, dental, and laboratory equipment			
16	Hotel, motel, and apartment complex			
16a	Rental units (stove, refrigerator, furniture, drapes, and appliances)			
17	Mobile home attachments (carport, utility building, cabana, porch, etc.)			
18	Service station and bulk plant equipment (underground tanks, lifts, tools)			
19	Signs (billboard, pole, wall, portable, directional, etc.)	500.00	1,000.00	
20	Leasehold improvements - grouped by type, year of installation, and description			
21	Pollution control equipment			
22	Equipment owned by you but rented, leased or held by others	50.00	75.00	
23	Supplies not held for resale	-	50.00	
24	Other, specify:			
TOTAL PERSONAL PROPERTY		8,650.00	13,525.00	

I declare 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	<i>John Doe</i>	Owner	03/31/15
Signature preparer	<i>Did you prepare this or your Tax Representative? (signature here)</i>	Tax ID / SS# Preparer ID number	02/18/15
Address	Address of whom prepared Tangible Return		239-123-4567 Phone

<input type="checkbox"/> \$25,000	Less Exemptions	
<input type="checkbox"/> Widower	Taxable Value	
<input type="checkbox"/> Blind	Penalties	
<input type="checkbox"/> Total Disability		
<input type="checkbox"/> Other, Specify		
Signature, Deputy		Date

Sign and date your return, send the original to the county property appraiser's office by **April 1**. 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.

Continued on page 2

Who do we contact for questions?