

HONORABLE DENA R. PITTMAN
 HENDRY COUNTY PROPERTY APPRAISER
 PO BOX 1840
 LABELLE FL 33975

TANGIBLE PERSONAL PROPERTY TAX RETURN

CONFIDENTIAL

DR-405
 R. 12/19
 Rule 12D-16.002, F.A.C.

Return to property appraiser by April 1 to avoid penalty.
HENDRY County Tax Year **2020**

Business name (DBA-Doing Business As) and mailing address:

JOHN DOE
PO BOX 1840
LABELLE FL 33975

Acct / Prop ID
 Name and address

45632 / 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

Federal Employer Identification Number OR YOUR SS#
1 2 - 1 2 3 4 5 6 7

NAICS
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	F 863-675-0000	6. 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 9a. If sold, to whom? Date sold 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. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Fiscal Year OCT 2019		

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 Title	03/31/20 Date	<input type="checkbox"/> \$25,000 <input type="checkbox"/> Widower <input type="checkbox"/> Blind <input type="checkbox"/> Total Disability <input type="checkbox"/> Other, Specify	Less Exemptions	
Signature preparer <i>Did you prepare this or your Tax Representative? (signature here)</i>	Tax ID / SS# Preparer ID number	02/18/20 Date		Taxable Value	
Address <i>Address of whom prepared Tangible Return</i>	239-123-4567 Phone			Penalties	
			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.

SUMMARY SCHEDULE LINES #

Who do we contact for questions?

TANGIBLE PERSONAL PROPERTY

Report all property owned by you including fully depreciated items still in use.

ASSETS PHYSICALLY REMOVED DURING THE LAST YEAR										
Description	Age	Year Acquired	Tax Year 2020	Original Installed Cost	Disposed, sold, or traded and to whom?					
RIDING MOWER	15	1996	0.00	1,500	JUNKED					
TRACTOR	20	1992	0.00	10,000	JUNKED FOR PARTS					
CHICKEN CAGES	5	2006	0.00	500	SOLD					
LEASED, LOANED, OR RENTED EQUIPMENT							Complete if you hold equipment belonging to others.			
Name and Address of Owner or Lessor		Description		Year Acquired	Year of Manufacture	Monthly Rent	Original Installed Cost	Lease Purchase Option	Yes	No
TRACTOR RENTAL, 12 MAIN ST, LABELLE		BACKHOE		2011	2008	575.00	56,000.00			NO
SCHEDULE FOR LINE 22, PAGE 1							Equipment owned by you but rented, leased, or held by others. Enter total on page 1.			
Lease Number	Name/address of lessee Actual physical location	Description	Age	Year Acquired	Monthly Rent	Term	Taxpayer's Estimate of Fair Market Value	Cond*	Original Installed Cost	New
N/A	ED SMITH, 10 AOK ST/LABELLE	CHICKEN CAGES	2	2011	10.00	6M	50.00	USED	75.00	
SCHEDULES FOR LINES 10 - 24, PAGE 1							APPRAISER'S USE ONLY			
10	Enter line number from page 1.	Description	Age	Year Acquired	Taxpayer's Estimate of Fair Market Value	Cond*	Original Installed Cost	Cond*	Value	
		OFFICE CHAIR / DESK	1	2011	250.00	GOOD	500.00			
		OFFICE FILING CABINETS	1	2005	100.00	AVG	200.00			
		OFFICE FAX & GUEST CHAIRS	1	2011	150.00	GOOD	300.00			
		CALCULATOR	3	2011	75.00	AVG	200.00			
		PHONE SYSTEM	3	2010	85.00	GOOD	200.00			
Enter totals on page 1.		TOTAL			660.00	TOTAL	1,400.00			
11	Enter line number from page 1.	Description	Age	Year Acquired	Taxpayer's Estimate of Fair Market Value	Cond*	Original Installed Cost	Cond*	Value	
		COMPUTER EQUIPMENT	1	2011	500.00	GOOD	1,000.00			
Enter totals on page 1.		TOTAL			500.00	TOTAL	1,000.00			
14	Enter line number from page 1.	Description	Age	Year Acquired	Taxpayer's Estimate of Fair Market Value	Cond*	Original Installed Cost	Cond*	Value	
		MINI TRACTOR WITH RAKE	8	2011	2,000.00	AVG	4,000.00			
		CHICKEN COOT / FEEDERS	1	2011	1,500.00	AVG	2,000.00			
		LAWN MOWER	1	2011	3,500.00	GOOD	4,000.00			
Enter totals on page 1.		TOTAL			7,000.00	TOTAL	10,000.00			

LIST YOUR DISPOSALS "DON'T PAY TAXES ON ITEMS YOU NO LONGER HAVE OR

ARE YOU LEASING ANY TYPE OF EQUIPMENT FROM SOMEWHERE?

IDENTIFY WHICH PERSONAL PROPERTY SUMMARY SCHEDULE ENTRY THIS BELONGS TO (FROM PAGE 1) & FOLLOW WITH DETAILS

DO YOU LEASE YOUR OWN EQUIPMENT TO SOMEONE ELSE?

DETAILS ARE VERY IMPORTANT IN THE PROCESS OF YOUR ASSESSMENT VALUE, WE TAKE EVERY FACTOR INTO CONSIDERATION.
DESCRIBE YOUR ASSET IS IT NEW? USED? IS THE YEAR OF THE ASSET DIFFERENT FROM WHEN PURCHASED? USED WHEN PURCHASED? WHAT'S IT WORTH TO YOU? WHAT CONDITION IS IT IN? HOW MUCH DID IT COST? IF YOU NEED MORE SPACE TO LIST YOUR ASSETS, FEEL FREE TO ATTACH YOUR OWN GENERATED LISTING

THESE SUBTOTALS GO INTO THE SPECIFIC LINE ENTRIES OF THE FRONT PAGE.

*Condition: enter good, avg (average), or poor.

See instructions on page 3.