

PARCEL # : ALT KEY #: MILL CODE: DISTRICT: PC CODE:	STATE OF FLORIDA COUNTY OF VOLUSIA	Tangible Personal Property Tax Return CONFIDENTIAL § 193.074 F.S. As Required by §§ 193.052 & 193.062, F.S. RETURN TO COUNTY PROPERTY APPRAISER BY APRIL 1 TO AVOID PENALTIES
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Phone: (386) 254-4621	FEDERAL EMPLOYER IDENTIFICATION NUMBER	SOCIAL SECURITY NUMBER	NAICS NUMBER
Fax: (386) 239-7717	□□-□□□□□□□□	□□□-□□-□□□□	□□□□□□□□

MAIL COMPLETED RETURN TO: **MORGAN B. GILREATH, JR., MA, ASA, CFA**
VOLUSIA COUNTY PROPERTY APPRAISER
250 N. BEACH ST., ROOM 109
DAYTONA BEACH, FL 32114

BUSINESS NAME (DBA) AND MAILING ADDRESS:

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: _____ 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? _____
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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/Addresses 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 the foregoing tax return and that the facts stated in it are true. If prepared by someone other than the taxpayer, the preparer signing this return certifies that his/her declaration is based on all information of which he/she has any knowledge.

DATE _____ TITLE _____

SIGNED _____
 (TAXPAYER – SIGNATURE REQUIRED)

SIGNED _____
 (PREPARER)

ADDRESS _____

PHONE NO. _____ PREPARER'S I.D. _____

LESS EXEMPTION:	() WIDOW () WIDOWER () BLIND () OTHER () VETERAN DISABILITY () TOTAL DISABILITY
TAXABLE VALUE	
DEPUTY	PENALTY

PLEASE SIGN AND DATE YOUR RETURN, SEND THIS ORIGINAL TO THE COUNTY APPRAISER'S OFFICE BY APRIL 1ST. UNSIGNED RETURNS CANNOT BE ACCEPTED BY THE APPRAISER'S OFFICE.

NOTICE: IF YOU ARE ENTITLED TO A WIDOW'S, WIDOWER'S, OR DISABILITY EXEMPTION ON PERSONAL PROPERTY (NOT ALREADY CLAIMED ON REAL ESTATE), PLEASE CONSULT APPRAISER.

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

