, TENNESSEE TAX YEAR

# TANGIBLE PERSONAL PROPERTY SCHEDULE (DUE MARCH 1)

FOR REPORTING
COMMERCIAL AND INDUSTRIAL PERSONAL PROPERTY

IN ACCORDANCE WITH T.C.A. 67-5-903, THIS SCHEDULE MUST BE COMPLETED, SIGNED ON THE REVERSE SIDE, AND FILED WITH THE ASSESSOR OF PROPERTY BY MARCH 1. FAILURE TO DO SO WILL RESULT IN A FORCED ASSESSMENT, AND YOU WILL BE SUBJECT TO A PENALTY AS PROVIDED BY STATE LAW.

| PROP TYPE | DIST | MAP NO. | GRP | CTL MAP | PARCEL | P/I | S/I | CITY | WARD |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |

**ASSESSOR'S USE ONLY**

| | | | |
|---|---|---|---|
| TOTAL THIS SIDE | | APPR YEAR | |
| TOTAL REVERSE SIDE | | CARD NUM | |
| TOTAL ATTACHMENTS | | NUM OF CARDS | |
| TOTAL APPRAISED VALUE | | PROP TYPE | |
| ASSESSMENT RATIO | X .30 | WARD | |
| ASSESSMENT | | CITY | |
| ASMNT TYPE: | PARCEL STATUS: | SSD1 | |
| SCHEDULE FURNISHED | / / | SSD2 | |
| SCHEDULE RETURNED | / / | AREA CODE | |
| DESK AUDITED: BY | DATE / / | | |
| FIELD AUDITED: BY | DATE / / | | |
| BUSINESS CODE: | | | |
| UNITS TYPE: | | NUMBER: | |
| APPRAISED $ PER UNIT | | | |

## PART I. GENERAL DATA (MAKE CHANGES AS NEEDED)

PROPERTY ADDRESS _____ OWNER OF REAL ESTATE _____

TYPE OF BUSINESS _____ BUSINESS OWNER(S) _____

BUSINESS PHONE ( ) _____ CONTACT PERSON _____

BUSINESS LOCATED: (please check one) OUTSIDE CITY LIMITS ☐ INSIDE CITY LIMITS ☐ (indicate city below)

CITY _____

STATE SALES TAX NO. _____
IRS IDENTIFICATION NO. _____
BUSINESS LICENSE NO. _____

**IF YOU WERE OUT OF BUSINESS IN THIS COUNTY ON JANUARY 1, PLEASE NOTIFY THE ASSESSOR OF PROPERTY OF THE DATE OUT OF BUSINESS IN ORDER TO AVOID A FORCED ASSESSMENT.**

## PART II. OWNED PERSONAL PROPERTY

Report all personal property owned by you and used or held for use in your business or profession as of January 1, including items fully depreciated on your accounting records. Do not report inventories of merchandise held for sale or exchange or finished goods in the hands of the manufacturer.

Personal property leased or rented and used in your business must be reported in PART III of this schedule and not in this section. Property on which you wish to report a nonstandard value must be reported in PART IV of this schedule and not in this section.

A separate schedule should be filed for each business location.

List the total original cost to you for each group below by year acquired in the REVISED COST column. If COST ON FILE is printed on the schedule, you need only report new cost totals resulting from acquisition or disposition of property in the REVISED COST column.

ALTERNATIVE REPORTING FOR SMALL ACCOUNTS - If you believe the depreciated value of your property is $1,000 or less you may use the small accounts certification (reverse side) as an alternative to reporting detail costs below. With this certification, subject to audit, your assessment per this schedule will be set at $300.

**GROUP 1 — FURNITURE, FIXTURES, GENERAL EQUIPMENT, AND ALL OTHER PROPERTY NOT LISTED IN ANOTHER GROUP**

| YEAR | COST ON FILE | REVISED COST | DEPR |
|---|---|---|---|
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| | | | • |
| PRIOR | | | • |
| TOTAL | | | |

**GROUP 2 — COMPUTERS, COPIERS, PERIPHERALS, FAX MACHINES, AND TOOLS**

| YEAR | COST ON FILE | REVISED COST | DEPR |
|---|---|---|---|
| | | | • |
| | | | • |
| PRIOR | | | • |
| TOTAL | | | |

**GROUP 3 — MOLDS, DIES, AND JIGS**

| YEAR | COST ON FILE | REVISED COST | DEPR |
|---|---|---|---|
| | | | • |
| | | | • |
| | | | • |
| PRIOR | | | • |
| TOTAL | | | |

**GROUP 4 — AIRCRAFT, TOWERS, AND BOATS**

| YEAR | COST ON FILE | REVISED COST | DEPR |
|---|---|---|---|
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| | | | • |
| PRIOR | | | • |
| TOTAL | | | |

**GROUP 5 — MANUFACTURING MACHINERY**

| YEAR | COST ON FILE | REVISED COST | DEPR |
|---|---|---|---|
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| | | | • |
| | | | • |
| PRIOR | | | • |
| TOTAL | | | |

**GROUP 6 — BILLBOARDS, TANKS, AND PIPELINES**

| YEAR | COST ON FILE | REVISED COST | DEPR |
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| | | | • |
| PRIOR | | | • |
| TOTAL | | | |

**GROUP 7 — SCRAP PROPERTY**

| YEAR | COST ON FILE | REVISED COST | DEPR |
|---|---|---|---|
| ALL | | | • |

**GROUP 8 — RAW MATERIALS AND SUPPLIES**

| | COST ON FILE | REVISED COST |
|---|---|---|
| ORIGINAL COST | | |

**GROUP 9 — VEHICLES**

| YEAR | COST ON FILE | REVISED COST | DEPR |
|---|---|---|---|
| | | | • |
| | | | • |
| | | | • |
| PRIOR | | | • |
| TOTAL | | | |

**GROUP 10 — CONSTRUCTION IN PROCESS**

| YEAR | COST ON FILE | REVISED COST | DEPR |
|---|---|---|---|
| ALL | | | • |

RETURN THIS SCHEDULE AND ANY ACCOMPANYING DATA TO:

APPRAISAL LAST YEAR
ASSESSMENT LAST YEAR

**PART III. LEASED PERSONAL PROPERTY** REPORT ALL ITEMS LEASED OR RENTED BY YOU FOR THE CONDUCT OF YOUR BUSINESS AS OF JANUARY 1. REGARDLESS OF ANY CONTRACT BETWEEN THE LESSOR AND LESSEE AS TO WHO SHALL PAY THE TAXES, LEASED PERSONAL PROPERTY IS TO BE ASSESSED TO THE LESSEE.

| GRP | ITEM DESCRIPTION, MAKE AND MODEL NUMBER | * YEAR MADE | ** COST NEW | TERM OF LEASE AND YEAR LEASE BEGAN | MONTHLY RENT | NAME OF LESSOR | ADDRESS OF LESSOR | ASSESSOR'S USE ONLY |
|---|---|---|---|---|---|---|---|---|
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* -Report year of acquisition if lessor purchased the property being used.
** -Report advertised retail price if cost new is unknown.

IF ADDITIONAL SPACE IS NEEDED, ATTACH A SEPARATE SHEET USING THE SAME FORMAT

**PART IV. OWNED ITEMS WITH NONSTANDARD VALUE** REPORT PROPERTY ON WHICH YOU WISH TO REPORT A VALUE DIFFERENT FROM STANDARD DEPRECIATED COST WHERE SUCH VALUE MORE CLOSELY APPROXIMATES FAIR MARKET VALUE. THE ASSESSOR MAY REQUEST SUPPORTIVE INFORMATION BEFORE ACCEPTING SUCH VALUE.

| GRP | ITEM DESCRIPTION | YEAR MADE | ORIGINAL COST | DEPR FACTOR | VALUE AS OF JANUARY 1 | ASSESSOR'S USE ONLY DEPR | VALUE |
|---|---|---|---|---|---|---|---|
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| IF ADDITIONAL SPACE IS NEEDED, ATTACH A SEPARATE SHEET USING THE SAME FORMAT | | | | TOTAL | | | |

NOTES:

[ ] SMALL ACCOUNTS CERTIFICATION (OPTIONAL) - By checking the box at left, I certify that the total depreciated value of my property (all groups) is $1,000 or less. I understand this certification is subject to penalties for perjury and I may be subject to statutory penalty and cost if this certification is proven false.

I certify that the information contained herein, including any accompanying schedules or data, is true, correct, and complete, to the best of my knowledge and belief.

PRINT NAME_____ PRINT TITLE_____

SIGNED_____ TITLE_____ DATE_____