PARCEL #:
LOCATION #:
RP PARCEL #:
MILL CODE:
ZONE:

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

STATE OF FLORIDA
COUNTY OF
POLK
2019

For instructions see:
www.polkpa.org/downloads/forms.aspx

FEDERAL EMPLOYER IDENTIFICATION NUMBER | SOCIAL SECURITY NUMBER | NAICS:

BUSINESS NAME (DBA) AND MAILING ADDRESS:

MAIL COMPLETED RETURN TO:
MARSHA M. FAUX, CFA, ASA
POLK COUNTY PROPERTY APPRAISER
255 N. Wilson Ave.
Bartow, FL 33830-3901
PHONE NUMBER: 863-534-4777

THIS RETURN IS SUBJECT TO AUDIT WITH ALL RECORDS KEPT BY YOU, INCOMPLETE ENTRIES ARE SUBJECT TO PENALTIES

If name or address is incorrect, please make necessary corrections

1. Please Give Name and Telephone Number of Owner or Person in Charge.
Name: _____
Tel. #:_____Fax #:_____
Email Address:_____
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 Most Recent Personal Property Tax Bill or Current Return _____
_____

5. Date You Began Business In This County: _____ Fiscal Year: _____
5a. Although my fiscal year ended prior to December 31 of the past calendar year, this return reflects property additions and deletions through Dec. 31. Yes_____No_____
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:_____
9a. If Business Sold, To whom?_____
_____Date _____

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	YEAR OF MFG	RENT PER MONTH	RETAIL INSTALLED COST NEW

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 CONDITION FAIR MARKET VALUE	(GOOD) (AVG.) (POOR)	RETAIL INSTALLED COST NEW

LESS EXEMPTION ☐ **WIDOW** ☐ **TOTAL DISABILITY** ☐ **WIDOWER** ☐ **BLIND** ☐ **OTHER**

TAXABLE VALUE

DEPUTY **PENALTY**

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 SIGNATURE - REQUIRED)

ADDRESS: _____

PHONE NO : _____

PRINT : _____
(PRINT TAXPAYER NAME)

PRINT : _____
(PRINT PREPARER NAME)

CITY, STATE, ZIP _____

PREPARER'S ID : _____

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

GENERAL TANGIBLE PERSONAL PROPERTY

ACCOUNT NUMBER:									- ASSET SCHEDULE # 3			
TYPE	ID	DESCRIPTION	CUSTOM ID	YEAR PURCH.	AGE	COND.	NEW INSTALLED RETAIL COST	EST. FAIR MARKET VALUE	SAME, CHANGED, REMOVED	ADJUST. COST	ADJUSTMENT EXPLANATION	