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| PARCEL #:<br>LOCATION #:<br>RP PARCEL #:<br>MILL CODE:<br>ZONE:                               | <b>TANGIBLE PERSONAL PROPERTY TAX RETURN</b><br><small>Confidential § 193.074 F.S.<br/>                 As Required by §§ 193.052 &amp; 193.062 F.S.,</small> | STATE OF FLORIDA<br>COUNTY OF<br><b>POLK</b><br><b>2024</b> |
| <b>Return To County Property Appraiser<br/>                 By April 1 To Avoid Penalties</b> |   |   |

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| For instructions see:<br><a href="http://www.polkpa.org/downloads/forms.aspx">www.polkpa.org/downloads/forms.aspx</a> | FEDERAL EMPLOYER IDENTIFICATION NUMBER<br>[ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] | SOCIAL SECURITY NUMBER<br>[ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] | NAICS:<br>[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] |
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**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<br>ACTUAL PHYSICAL LOCATION | DESCRIPTION | AGE | YEAR PURCHASED | RENT PER MONTH | TERM | TAXPAYER'S ESTIMATE OF CONDITION<br>FAIR MARKET VALUE<br>(AVG.)<br>(GOOD)<br>(POOR) | RETAIL INSTALLED COST NEW |
|----------|--|-------------|-----|----------------|----------------|------|---|---------------------------|
|          |  |             |     |                |                |      |   |                           |
|          |  |             |     |                |                |      |   |                           |
|          |  |             |     |                |                |      |   |                           |

|  |                                       |
|--|---------------------------------------|
| LESS EXEMPTION : [ ] WIDOW [ ] TOTAL DISABILITY<br>WIDOWER BLIND OTHER | <b>TAXABLE VALUE</b><br><b>DEPUTY</b> |
|  | <b>PENALTY</b>                        |

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.

|   |   |
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| DATE : _____ TITLE : _____<br>SIGNED : _____<br><small>(TAXPAYER SIGNATURE - REQUIRED)</small><br>SIGNED : _____<br><small>(PREPARER SIGNATURE - REQUIRED)</small><br>ADDRESS : _____<br>PHONE NO : _____ | PRINT : _____<br><small>(PRINT TAXPAYER NAME)</small><br>PRINT : _____<br><small>(PRINT PREPARER NAME)</small><br>CITY, STATE, ZIP _____<br>PREPARER'S ID : _____ |
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| <b>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.</b> | 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. |
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**ALL INFORMATION ON BOTH SIDES MUST BE COMPLETED IN FULL TO BE A VALID RETURN**

