

ACCOUNT#: LOCATION #: RP PARCEL #: MILL CODE: ZONE:	TANGIBLE PERSONAL PROPERTY TAX RETURN <small>Confidential § 193.074 F.S. As Required by §§ 193.052 & 193.062 F.S.,</small>	STATE OF FLORIDA COUNTY OF POLK 2018
Return To County Property Appraiser By April 1 To Avoid Penalties		

For instructions see: www.polkpa.org/downloads/forms.aspx	FEDERAL EMPLOYER IDENTIFICATION NUMBER <input type="text"/> - <input type="text"/>	SOCIAL SECURITY NUMBER <input type="text"/> - <input type="text"/> - <input type="text"/>	NAICS <input type="text"/>
BUSINESS NAME (DBA) AND MAILING ADDRESS:		MAIL COMPLETED RETURN TO: MARSHA M. FAUX, CFA, ASA POLK COUNTY PROPERTY APPRAISER 255 N. WILSON AVENUE BARTOW, FL 33830 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 that 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 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								TAXPAYER'S ESTIMATE OF CONDITION	RETAIL INSTALLED COST NEW
LEASE NO	NAME/ADDRESS OR LESSEE ACTUAL PHYSICAL LOCATION	DESCRIPTION	AGE	YEAR PURCHASED	RENT PER MONTH	TERM	FAIR MARKET VALUE	(GOOD) (AVG.) (POOR)	RETAIL INSTALLED COST NEW

LESS EXEMPTION: <input type="checkbox"/> WIDOW <input type="checkbox"/> TOTAL DISABILITY <input type="checkbox"/> WIDOWER <input type="checkbox"/> BLIND <input type="checkbox"/> OTHER	TAXABLE VALUE DEPUTY PENALTY
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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: _____ <small>(TAXPAYER SIGNATURE – REQUIRED)</small> SIGNED: _____ <small>(PREPARER SIGNATURE – REQUIRED)</small> ADDRESS: _____ PHONE NO.: _____	PRINT: _____ <small>(PRINT TAXPAYER NAME)</small> PRINT: _____ <small>(PRINT PREPARER NAME)</small> CITY, STATE, ZIP: _____ PREPARER'S ID: _____
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PLEASE SIGN AND DATE YOUR RETURN. SEND THE 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 THE APPRAISER.
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ALL INFORMATION ON BOTH SIDES MUST BE COMPLETED IN FULL TO BE A VALID RETURN

