

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.	STATE OF FLORIDA COUNTY OF MANATEE 2019
Return To Manatee County Property Appraiser By April 1 To Avoid Penalties and loss of TPP Exemption		

FEI #: _____ MULTI #: _____ BUSINESS NAME (DBA) AND MAILING ADDRESS: _____
 PARCEL #: _____ ZONE: _____

MAIL COMPLETED RETURN TO:

**CHARLES E. HACKNEY, CFA
 MANATEE COUNTY PROP APPR
 PO BOX 1358
 BRADENTON FL 34206-1358**

NAICS CODE: _____ DESCRIPTION: _____ 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. Contact information for Owner or Person in Charge. Name: _____ Tel. #: _____ Cell#: _____ Fax#: _____ E-mail address: _____ Corp Name/DBA: _____	5a. Although my fiscal year ended prior to December 31 of the past calendar year, this return reflects property additions and deletions through December 31. Yes ___ No ___
2. Actual Physical Location of This Property (On January 1st): _____	6. Describe Type or Nature of Your Business: _____
3. Is Your Business or Farm Located Within the Incorporated Limits of a City? Yes ___ No ___ If Yes, what City? _____	7. Trade Level: (Circle as many as apply) Retail Wholesale Manufacturing Professional Service Agriculture Leasing/Rental Other
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 _____	8. Did You File a Tangible Personal Property Return in This County Last Year? Yes ___ No ___ If Yes, Under what Name and Address? _____
5. Date You Began Business In This County: _____ Fiscal Year: From _____ To _____	9. Former Owner of the Business: _____ 10. If Business Sold, To whom? _____ Date _____ 10a. Were all assets sold? Yes ___ No ___ Sale Price? _____ Attach Bill of Sale

SCHEDULE #1

LEASED, LOANED, AND RENTED EQUIPMENT (PLEASE COMPLETE IF YOU LEASE, HOLD OR USE EQUIPMENT BELONGING TO OTHERS.)								LEASE PURCHASE OPTION	
NAME AND ADDRESS OF OWNER OR LESSOR	CONTRACT NUMBER	ASSET DESCRIPTION	YEAR ACQUIRED	LEASE TERM	RENT PER MONTH	RETAIL INSTALLED COST NEW	YES	NO	

SCHEDULE #2

EQUIPMENT OWNED BY YOU BUT RENTED, LEASED, OR HELD BY OTHERS							TAXPAYER'S ESTIMATE OF CONDITION (GOOD (AVG.) (POOR))		RETAIL INSTALLED COST NEW
LEASE NO.	NAME/ADDRESS OF LESSEE ACTUAL PHYSICAL LOCATION OF ASSETS	DESCRIPTION	AGE	YEAR PURCHASED	RENT PER MONTH	TERM	FAIR MARKET VALUE	GOOD (AVG.)	POOR

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 ID: _____

LESS EXEMPTION: [] WIDOW [] WIDOWER [] BLIND
 [] \$25,000 [] TOTAL DISABILITY [] OTHER

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.

PLEASE SIGN AND DATE YOUR RETURN. SEND THIS ORIGINAL RETURN TO THE MANATEE COUNTY PROPERTY APPRAISER'S OFFICE BY APRIL 1st. FAILURE TO FILE YOUR RETURN AS REQUIRED MAY RESULT IN LOSS OF YOUR TPP EXEMPTION. UNSIGNED RETURNS WILL NOT BE ACCEPTED BY THE APPRAISER'S OFFICE. QUESTIONS PLEASE CALL: (941) 748-8208.

TAXABLE VALUE	DEPUTY
DEPUTY	PENALTY

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

TAXPAYER MUST SIGN HERE

