

CONDOMINIUM
Tangible Personal Property Tax Return
 Confidential §§ 193.074 F.S.
 As Required by §§ 193.052 F.S. & 193.062 F.S. Return to
 County Property Appraiser by April 1 to Avoid Penalties
State of Florida, County of Bay

Federal Employer Id. No

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Social Security Number

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NAICS/SIC

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If name and address is incorrect make necessary corrections

This return subject to audit with all records kept by you. Incomplete entries are subject to penalties.

<p>SECTION "A"</p> <p>1. Please give name and address of owner or person in charge of the property.</p> <p>Name _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone _____</p> <p>2. Address of physical location of property.</p> <p>_____</p> <p>_____</p>	<p>3. Is the property used as a rental? Yes _____ No _____</p> <p style="text-align: center;">If yes, complete Sections A & B; If no, complete Section A only.</p> <p>4. Was Tangible Personal Property included in the sale of or transfer of the unit? Yes _____ No _____</p>
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SECTION "B"	Description of Item	Qty	Age	Year Purchased	Original Installed Cost	Taxpayer's Estimated of Fair Market Value	Taxpayer's Estimate Of Condition			Appraiser's Use Only	
							Good	Avg	Poor	Condition	
5.	Refrigerator										
6.	Stove										
7.	Microwave Oven										
8.	Dishwasher										
9.	Furniture										
10.	Television										
11.	Washer										
12.	Dryer										
13.	Drapes										
14.	Blinds										
15.	Pictures										
16.	Décor Items										
17.	Other										
Total Personal Property											

<p>Under penalties of perjury, I declare that I have read the foregoing tax return and the accompanying schedules and statements and that the facts stated in them are true. If prepared by someone other than the taxpayer, the preparer signing this return certifies that this declaration is based on all information of which he/she has any knowledge.</p> <p>Date _____ Title _____</p> <p>Signed _____ (Taxpayer)</p> <p>Signed _____ (Preparer)</p> <p>Address _____</p> <p>Phone Number _____</p> <p>Preparer's ID Number: _____</p>	<p>Less Exemption: () Widow () Widower () Blind () Total Disability () Other</p> <hr/> <p>Taxable Value _____</p> <p>Deputy _____ Penalty _____</p> <p>Please sign and date your return. Send the original to the County Appraiser's Office by April 1st to avoid penalties. Unsigned returns cannot be accepted by the Appraiser's Office.</p> <p>Notice: If you are entitled to a widow's, widowers or disability exemption on personal property (not already claimed on real estate) contact the Appraiser's Office.</p>
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