



Jim Smith, CFA
Pinellas County Property Appraiser
Tangible Personal Property Dept.
P.O. Box 1957
Clearwater, FL 33757-1957

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
PINELLAS

Return Original. No photocopied signatures accepted.

FEDERAL EMPLOYER IDENTIFICATION NUMBER

SOCIAL SECURITY NUMBER

____ - ____ - _____

PA 405 12/00

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DO NOT DUPLICATE FORM FOR OTHER ACCOUNTS, BARCODES ARE ACCOUNT SPECIFIC.

Mailing Convention: Business Name DBA
 (Doing Business As). Then Corporate Name

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

- Please Give Name and Telephone Number of Owner or Person in Charge of This Business.
 Name: _____
 Tel. #: _____ Fax #: _____
 Corp Name: _____
 E-mail Address: _____
- Actual Physical Location of Tangible Property as of January 1st of Current Year:
 (Street Address - **NOT PO BOX**) _____
 _____ 2a. Sq. Ft.: _____
- Date You Began Business in Pinellas County: _____
 Fiscal Year: From _____ to _____
- Describe Type of Business: _____
 Trade Level: (Check as many as apply) Retail Wholesale Manufacturing
 Professional Service Agriculture Leasing/Rental Other
 Type of Product or Service: _____

- ADDRESS OR OTHER CORRECTIONS:
-
- Did You File a Tangible Personal Property Return in Pinellas County Last Year?
 Yes No If Yes, Under What Name?, and Where? _____
 - Former Owner of the Business: _____
 - If Business Sold, to Whom? _____
 - Location of Accounting Records if Different From Physical Location: _____

PERSONAL PROPERTY SUMMARY

The Schedules on the **REVERSE SIDE** Must Be Completed in Detail and **TOTALS** Entered Below.
ATTACH ITEMIZED LIST or DEPRECIATION SCHEDULE Showing Original Cost and Date of Acquisition.

| TAXPAYER'S ESTIMATE OF FAIR MARKET VALUE | ORIGINAL INSTALLED COST | APPRAISER'S USE ONLY |
|--|-------------------------------|----------------------------|
| 8. Office Furniture, Office Machines and Library | | |
| 9. EDP Equipment, Computers, Word Processors | | |
| 10. Store, Bar and Lounge, Restaurant Furniture and Equipment, Etc. | | |
| 11. Machinery and Manufacturing Equipment | | |
| 12. Professional, Medical, Dental and Laboratory Equipment | | |
| 13. Hotel, Motel and Apartments - Stove, Refrigerator, Furniture, Drapes, etc. | | |
| 14. Service Station and Bulk Plant Equipment - Underground Tanks, Lifts, Tools | | |
| 15. Signs - Billboard, Pole, Wall, Portable, Directional, Etc. | | |
| 16. Leasehold Improvements - Must be Grouped by Type, Year of Installation and Description | | |
| 17. Equipment Owned by You but Rented, Leased or Held by Others | | |
| 18. Supplies - Not held for Resale | | |
| 19. Other - Please Specify (e.g. I.R.S. Code Section 179 Assets) | | |
| TOTAL PERSONAL PROPERTY | | |

I hereby certify that the information and valuations stated above by me are true and correct to the best of my knowledge and belief. If prepared by someone other than the taxpayer, his/her declaration is based on all information of which he/she has any knowledge.

DATE: _____ TITLE: _____
 SIGNED: _____
 (TANGIBLE PROPERTY OWNER)
 SIGNED: _____
 (PREPARER)
 ADDRESS: _____
 PHONE NO: _____ PREPARER'S ID: _____

APPRAISER'S
INITIALS

**PLEASE SIGN AND DATE YOUR RETURN. SEND THIS
 ORIGINAL TO THE PINELLAS COUNTY APPRAISER'S OFFICE
 BY APRIL 1st. UNSIGNED RETURNS CANNOT BE ACCEPTED
 BY THE APPRAISER'S OFFICE.**
Questions Call:

TURN OVER - SCHEDULES ON REVERSE SIDE MUST BE COMPLETED IN FULL

