

PARCEL #: 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 2025
Return To County Property Appraiser By April 1 To Avoid Penalties		

For instructions see: www.polkpa.org/downloads/forms.aspx	FEDERAL EMPLOYER IDENTIFICATION NUMBER [] [] [] [] - [] [] [] [] [] [] [] []	SOCIAL SECURITY NUMBER [] [] [] [] - [] [] [] [] [] [] [] []	NAICS: [] [] [] [] [] [] [] [] [] [] [] []
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BUSINESS NAME (DBA) AND MAILING ADDRESS:

MAIL COMPLETED RETURN TO:
 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 ACTUAL PHYSICAL LOCATION	DESCRIPTION	AGE	YEAR PURCHASED	RENT PER MONTH	TERM	TAXPAYER'S ESTIMATE OF CONDITION FAIR MARKET VALUE (AVG.) (POOR)	RETAIL INSTALLED COST NEW

LESS EXEMPTION : [] WIDOW [] TOTAL DISABILITY WIDOWER BLIND OTHER	TAXABLE VALUE	PENALTY
	DEPUTY	

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 THIS 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 APPRAISER.
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