

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

Federal Employer Id. No

_____ - _____

Social Security Number

_____ - _____ - _____

NAICS/SIC

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.

| | | |
|--------------------|--|---|
| SECTION "A" | <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. If this property is not used as a rental, did you or will you apply for a homestead exemption this year? Yes _____ No _____</p> <p>5. Was tangible personal property included in the sale or transfer of the unit?</p> <p>If yes, please indicate the amount for the personal property only \$ _____.</p> <p>6. Please indicate status rating of your unit, if known: Platinum _____ Gold _____ Silver _____ Bronze _____</p> |
|--------------------|--|---|

| 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 | | | | | | | | | | | |

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.

Date _____ Title _____

Signed _____
(Taxpayer)

Signed _____
(Preparer)

Address _____

Phone Number _____

Preparer's ID Number: _____

Less Exemption: () Widow () Widower () Blind () Total Disability () Other

Taxable Value _____

Deputy _____ **Penalty** _____

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.

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.

