

PERSONAL PROPERTY LISTING FORM

Jefferson County Assessor
PO Box 1220
Port Townsend, WA 98368
(360) 385-9105

ASSESSMENT YEAR 2012

DUE DATE APRIL 30, 2012

FOR TAXES PAYABLE IN 2013

Penalty for late filing up to 25%

Penalty for willful failure to list and return 100%

LISTING OF PERSONAL PROPERTY: Under 84.40 RCW, every person, firm, corporation or partnership regardless of residency who owns or controls taxable personal property in Washington State as of 12 noon on January 1 is required to annually submit a complete and accurate personal property listing.

PARCEL # _____ **TAX CODE** _____ **USE CODE** _____

BUSINESS NAME: _____

TYPE OF BUSINESS: _____

PROPERTY LOCATION (Location of Equip): _____

HEAD OF FAMILY EXEMPTION:

*Is the owner/user of the property a Sole Proprietor or only beneficiary of a Trust?

Yes	No
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IF YES, PLEASE ANSWER THE QUESTIONS BELOW:

*Does the owner/user of the property reside with other family members?

Yes	No
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*Does the owner/user of the property receive an old age pension under the laws of WA State?

Yes	No
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*Is the owner/user of the property a surviving spouse who has not remarried (widow/widower)?

Yes	No
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*Is the owner/user a US Citizen over age 65 with 10 yrs continuous state residency?

Yes	No
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*Owner/user may receive only one Head of Family Exemption (HOF) on Personal Property parcel/account in Washington State. If you qualify for the HOF exemption do you want this to be the account where the exemption is applied?

Yes	No
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THIS RETURN SUBJECT TO AUDIT AND VERIFICATION BY THE COUNTY ASSESSOR AND STATE DEPARTMENT OF REVENUE.

DECLARATION AND SIGNATURE:

I declare under the penalties of perjury that I have examined this return (including any accompanying schedules and statements) and to the best of my knowledge and belief is a true, correct and complete listing of all taxable personal property (including leased equipment and leasehold improvements) in Jefferson County owned, held or controlled by the undersigned owner:

Signature of Owner/Agent

OWNER/AGENT'S NAME (please print)

Title

Mailing Address

City State Zip

()

Business Telephone

()

Business Fax

Date

Date Received:
Reviewed By:
Penalty for Late Filing: %
Date Processed:

CONSUMABLE SUPPLIES: Office, Cleaning, &/or Shop (Cost minus sales tax)	\$
How much do you keep on hand? (1 week, 2 weeks, or 1 month)	
Total estimated value of tools on hand (not listed below) on 1/01/12 .	\$
Total cost (minus sales tax) for spare parts on hand (not listed below) on 1/01/12 .	\$

ITEMIZED LISTING OF FURNITURE/FIXTURES/MACHINERY & EQUIPMENT

Item Description	Yr Mfg.	Yr Purch	Total Cost *minus sales tax

SOFTWARE (SPECIFY CANNED OR CUSTOM)

Item Description	Yr Mfg.	Yr Purch	Total Cost *minus sales tax

NUMBER OF DVD'S &/OR VHS TAPES

Item Description	Yr Mfg.	Yr Purch	Total Cost *minus sales tax

LEASED FURNITURE/FIXTURES/MACHINERY AND EQUIPMENT

Lessor and Address	Equipment Type	Lease Purchase Yes/No	Lease Term	Acquired Date	Total Cost *minus sales tax

EQUIPMENT FORMERLY LEASED NOW OWNED BY TAXPAYER

Lessor (Former)	Equipment Type	Lease Date Begin / End	Original Cost *minus sales tax

LEASEHOLD IMPROVEMENTS:

Leasehold Improvements Description:	Lessee Cost*	Year Installed	Reversion Yes/No

*INCLUDE ALL COST INCLUDING TRANSPORTATION AND INSTALLATION.

ATTACH A COPY OF YOUR CURRENT IRS DEPRECIATION SCHEDULE & MARK OFF DELETED ITEMS.