## IMPORTANT INSTRUCTIONS

1. File this return with the Commissioner of Revenue on or before March 31, 2020. Minimum of $10.00 or 10% penalty after March 31, 2020.

2. All tangible personal property (owned or leased) used in any business or profession must be reported. Cost values to be replaced are actual acquisition costs before allowance for depreciation.

3. Any tax due must be paid on or before June 10, 2019.

### SCHEDULE A

<table>
<thead>
<tr>
<th>PROPERTY CLASSIFICATIONS</th>
<th>A PRIOR TO 2015</th>
<th>B DURING 2016</th>
<th>C DURING 2017</th>
<th>D DURING 2018</th>
<th>E DURING 2019</th>
<th>F TOTAL A-B-C-D-E</th>
</tr>
</thead>
<tbody>
<tr>
<td>BUSINESS FURNITURE &amp; FIXTURES, BUSINESS &amp; OFFICE MACHINES, PROFESSIONAL EQUIPMENT, SHOP TOOLS, MACHINERY NOT USED IN MANUFACTURING, MINING, RADIO OR TELEVISION, BUSINESS TOOLS OF MECHANIC</td>
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</tr>
</tbody>
</table>

7. PRECENT OF COST VALUES TO BE USED:
   - 20%
   - 25%
   - 30%
   - 35%
   - 40%

8. TAXABLE PORTION OF COST VALUES:
   (Line 7 Percentages of Line 6 Cost Values)

9. TAX RATE $4.90 PER $100 COST VALUE

10. BUSINESS PERSONAL PROPERTY TAX:
    Multiply total taxable portion of cost values entered in column F, Line 8 by the $4.90 per hundred tax rate.

### SCHEDULE B

***Vehicles will be assessed by NADA unless not listed, then will be assessed by original cost/year purchased***

<table>
<thead>
<tr>
<th>MAKE</th>
<th>YEAR MODEL</th>
<th>SERIAL NO.</th>
<th>LICENSE NO.</th>
<th>YEAR ACQUIRED</th>
<th>COST AT TIME OF PURCHASE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

ATTACH SCHEDULE IF MORE SPACE IS NEEDED

### IMPORTANT MESSAGE ON REVERSE SIDE

DECLARATION BY TAXPAYER: I DECLARE THAT THE FOREGOING STATEMENTS AND FIGURES ARE TRUE, FULL AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE OF TAXPAYER: ______________________
DATE: ______________________

TITLE: ______________________
PHONE: ______________________
FAX: ______________________
EMAIL: ______________________
PLEASE NOTE

IF YOU OR YOUR COMPANY RENTS OR LEASES ANY EQUIPMENT NOT SHOWN BY YOU ON PAGE 1(ONE) OF THIS FORM, PLEASE FILL IN THE FOLLOWING:

NAME AND ADDRESS OF LEASING COMPANY

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

TYPE OF EQUIPMENT LEASED OR RENTED

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________