

# 2015 BUSINESS ASSESSMENT LIST

## Assessor, Phelps County, MO

200 N. Main St, Ste 126  
Rolla, MO 65401-3037

573-458-6135 • 573-458-6149 Fax

**Dear Business Owner / Manager:** You are required by law to provide a list, indicating *type, year purchased* and *original cost*, for all tangible personal property, e.g. Vehicles, Computers & Office Equipment, Furniture, Fixtures, Manufacturing Equip. & Tooling, etc., belonging to you or under the control of your company in Phelps County, Missouri, on Jan. 1st. Complete this form, sign and return it **by March 1st** to avoid penalty.

*Follow instructions below and on back.*

**A contact phone number or email address is required to submit this form without visiting the office.**



**BILL WIGGINS  
PHELPS COUNTY ASSESSOR  
200 N MAIN ST STE 126  
ROLLA MO 65401-3037**

Daytime Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

### AVOID PENALTY Return by March 1st

Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

When did this business open in Phelps County?

Date: \_\_\_\_\_

**ATTENTION!** Your listing is subject to audit. Upon request, please be prepared to provide documentation for its contents. To assure a fair and accurate assessment of your business personal property and to avoid listing each item on this form, **PLEASE ATTACH YOUR COMPANY'S COMPLETE AMORTIZATION SCHEDULE.** Note: Returns marked "same as last year" will **not** receive depreciated valuation.

<b>BUSINESS INFORMATION: LIST ACTUAL PHYSICAL LOCATION AND TELEPHONE NUMBER OF PROPERTY COVERED BY THIS RETURN (STREET ADDRESS, NOT PO BOX NUMBER)</b>				
STREET ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE ( )
IF BUSINESS WAS CLOSED, GIVE DATE CLOSED: _____	TYPE OF BUSINESS (CHECK APPROPRIATE BOXES) <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> RESTAURANT <input type="checkbox"/> TRADE/SALES <input type="checkbox"/> RETAIL <input type="checkbox"/> WHOLESALE <input type="checkbox"/> LEASING/RENTAL <input type="checkbox"/> MANUFACTURING <input type="checkbox"/> SERVICE <input type="checkbox"/> OTHER _____			

**IMPORTANT:** Last year you reported the property shown below.

**HOW TO REMOVE AN ITEM:**

1. Please draw a line through any items you **did NOT own** on **Jan. 1<sup>st</sup>** ----> ~~4991FORD F 400 XL FD7QA61G35550257~~
2. List **ANY items NOT SHOWN** in this box in the areas below or on back.



**Attention!** Under each category below enter the **total cost** of all assets of like kind that were acquired in the year indicated at left. The amount you enter in each box should be the combined total original cost for all property of the same kind acquired that year. To avoid summarizing all property costs on this form, **you may attach your company's complete amortization schedule.**

YEAR OF PURCH.:	Computers, Peripherals & Telephone Equip.	Office Use	Office Furniture, Fixtures & Equip.	Office Use	Manufacturing Equip. and Machinery	Office Use	Dies, Molds, Jigs, Special Tooling	Office Use	Construction Equipment & Machinery	Office Use	Professional, Medical, Dental & Lab Equip.	Office Use
2014												
2013												
2012												
2011												
2010												
2009												
2008												
PRIOR YRS.												
YEAR OF PURCH.:	Store, Restaurant & Bar Equipment	Office Use	Household goods for Hotel, Motel, Apt. Rental	Office Use	Service Station, Bulk Plant, Car Wash Equip.	Office Use	Video Movies, Tapes, Game/Vend Machines	Office Use	Equip. owned by you and leased to others	Office Use	OTHER: e.g. Pollution Control Equip., Signs, etc.	Office Use
2014												
2013												
2012												
2011												
2010												
2009												
2008												
PRIOR YRS.												

LEASED OR RENTED ITEMS	DATE OF LEASE	LENGTH OF LEASE	OWNER'S NAME, ADDRESS & PHONE	ORIGINAL COST	WHO IS RESPONSIBLE FOR TAX?

If you **DELETED, RETIRED, SOLD, JUNKED** or **PHYSICALLY REMOVED** items from your business last year please list below.

Description of Item	Date of Manufacture	Purchase Date	Your Cost	Reason Deleted	If sold, name and address of purchaser

<b>AUTOMOBILES:</b> <i>including: Cars, Vans, SUVs, Jeeps &amp; Pickups</i>	YEAR	MAKE <i>(Chev, Ford)</i>	MODEL <i>(Impala, Focus)</i>	SERIES <i>(SL, SE)</i>	# DOORS	# DRIVE WHEELS <i>(Circle)</i>	TONS	CAB TYPE <i>(Circle)</i>	VIN (Vehicle ID Number)				
						2WD 4WD AWD		REG EXT CREW					
						2WD 4WD AWD		REG EXT CREW					
						2WD 4WD AWD		REG EXT CREW					
<b>HISTORIC VEH.</b>				HISTORIC PLATES? <input type="checkbox"/> YES <input type="checkbox"/> NO			EST. VALUE:						
<b>LEASED VEH.</b>				FROM WHOM:									
<b>TRUCKS &amp; SEMI TRACTORS</b> <i>Attach Reciprocity Report</i>	YEAR	MAKE <i>(Sterling, Mack)</i>	MODEL	GROSS VEH. WEIGHT	BODY TYPE <i>(Flatbed, Grain)</i>		MO MILES	TOTAL MILES	VIN (Vehicle ID Number)				
<b>SEMI TRAILER</b>	YEAR	MAKE / MODEL	TYPE <i>(Reefer, Flat, Van, Tanker, Etc.)</i>		AXLES	LENGTH	MO MILES	TOTAL MILES	VIN (Vehicle ID Number)				
<b>CAMPER TRAILER</b>	YEAR	MAKE	MODEL & SERIES		TYPE <i>(Circle One)</i>		LENGTH (OPEN)		VIN (Vehicle ID Number)				
<b>TRAILERS</b> <i>including BOAT TRAILERS</i>	YEAR	MAKE	TYPE <i>(Stock, Flat, Boat, Horse)</i>		HITCH <i>(Circle One)</i>	AXLES	WGT/TON	LENGTH	VIN (Vehicle ID Number)				
					GOOSENECK BUMPER								
					GOOSENECK BUMPER								
					GOOSENECK BUMPER								
<b>BUSES</b>	YEAR	MAKE / CHASSIS	MODEL / SERIES			LENGTH	# PASSENGERS	VIN (Vehicle ID Number)					
<b>MOTOR HOMES &amp; RVs</b>	YEAR	MAKE / CHASSIS	MODEL	SERIES		LENGTH		VIN (Vehicle ID Number)					
<b>CUSTOM MOTORCYCLE</b>	YEAR	MAKE	MODEL	INSURANCE VALUE		ESTIMATED VALUE		VIN (Vehicle ID Number)					
<b>MOTORCYCLES ATVs &amp; UTVs</b>	YEAR	MAKE	MODEL	# OF WHEELS	TYPE <i>(Circle One)</i>		CC / HP		VIN (Vehicle ID Number)				
					MC ATV UTV								
<b>BOAT &amp; MOTORS</b>	YEAR	MAKE	MODEL / TYPE <i>(Jon, Fishing, Pontoon, Ski, etc.)</i>		LENGTH	FIBER, WOOD, ALUMINUM	MOTOR / MAKE		MOTOR TYPE <i>(Circle One)</i>	MOTOR YR.	MOTOR HP	HIN (HULL ID #)	
									OB I/O				
									OB I/O				
<b>AIRPLANES</b>	YEAR	MAKE	MODEL & SERIES	MAX. CERTIFIED GROSS TAKEOFF WEIGHT	<i>(Circle One)</i> COMMERCIAL NON-COMMERCIAL	HOURS FLOWN LAST YEAR	PURCHASE PRICE	VIN / SERIAL NUMBER					
<b>GRAIN/HAY For Resale</b>	Grain: # Bushels			Hay: # Tons									
<b>LIVESTOCK</b>	Cows	No.	Slaughter Lambs		No.	Ostrich (under 2 yrs.)		No.					
	Bulls	No.	Feeder Lambs		No.	Ostrich (over 2 yrs.)		No.					
	Yearlings	No.	Replacement Lambs		No.	Goats		No.					
	Calves (up to 12 mo.)	No.	Horses		No.	Mini Horses		No.					
	Sows/Boars	No.	Mules		No.	Donkeys		No.					
	Barrows/Gilts	No.	Emu (under 2 yrs.)		No.	Chickens		No.					
	Pigs	No.	Emu (over 2 yrs.)		No.	Other							
<b>FARM MACHINERY &amp; HEAVY EQUIPMENT</b>	YEAR	MAKE	MODEL	DESCRIPTION <i>(Tractor, Combine, Backhoe, Dozer, Etc.)</i>				YEAR PURCHASED	ORIG. COST				
									\$				
									\$				
									\$				
									\$				
									\$				
									\$				
<b>APARTMENTS MOTELS</b> <i>(OWNER'S ONLY)</i>	Please List Total Number of												
	Furnished Rooms # _____ Refrigerators # _____ TV's # _____ Washers # _____ Dryers # _____												
<b>MOBILE HOMES</b> <i>(Please attach additional list if necessary)</i>	YEAR	MAKE	MODEL	WIDTH	LENGTH	DATE PURCHASED	VIN / SERIAL NO.						
	Do you own the land? <input type="checkbox"/> YES <input type="checkbox"/> NO If not, list landowner below. *			PARK NAME			MH SITUS						
	LOCATION: <input type="checkbox"/> MOBILE HOME PARK <input type="checkbox"/> TOWN LOT <input type="checkbox"/> RURAL ACREAGE			ADDRESS & LOT NO.			PENALTY: Yes \$ _____						
				* NAME & ADDRESS OF LANDOWNER (IF DIFFERENT)			No # _____						
<b>Failure to return your Assessment List will result in a Penalty.</b>						<b>ASSESSED VALUE</b>		<b>PENALTY</b>		<b>ASSESSED VALUE</b>		<b>PENALTY</b>	
<input checked="" type="checkbox"/> Late Personal Property Lists - Sec. 137.280 of SB 579 requires the assessor to assess a penalty on any person who fails to return his personal property tax list by the first day of March. Assessment may be <b>DOUBLED</b> if list is found to be fraudulent. Statute #137.285.						0 - 1,000		\$10		5,001 - 6,000		\$60	
						1,001 - 2,000		\$20		6,001 - 7,000		\$70	
						2,001 - 3,000		\$30		7,001 - 8,000		\$80	
						3,001 - 4,000		\$40		8,001 - 9,000		\$90	
						4,001 - 5,000		\$50		9,001 and above		\$100	
<b>AGENT OR PREPARER'S INFORMATION</b>													
NAME						ADDRESS							
CITY, STATE, ZIP CODE						TELEPHONE ( )			TAX I.D. NUMBER				
I, _____, <input type="checkbox"/> President <input type="checkbox"/> Treasurer <input type="checkbox"/> Owner <input type="checkbox"/> Manager <input type="checkbox"/> Other _____ of _____, do solemnly swear, or affirm, that the foregoing list contains a true and correct statement of all the tangible personal property, made taxable by the laws of the state of Missouri, which I owned or which I had under my charge or management on the first day of January. I further solemnly swear, or affirm, that I have not sent or taken, or caused to be sent or taken, any property out of this state to avoid taxation. So help me God.													
<b>SIGN HERE</b>						Date _____			Email: _____				

PHEL2-102 **081B**