

2016 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

Tax Payer Name(s): _____

Mailing Address: _____

Physical Address: _____

When did you move to 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.

BUSINESS INFORMATION: LIST ACTUAL PHYSICAL LOCATION AND TELEPHONE NUMBER OF PROPERTY COVERED BY THIS RETURN (STREET ADDRESS, NOT PO BOX NUMBER)

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.

1. Please draw a line through any items you **did NOT** own on **Jan. 1st** →
2. List **ANY** items **NOT SHOWN** in this box in the areas below or on back.

HOW TO REMOVE AN ITEM:
~~4991FORD F 100 XL FD7QA61035550257~~
 ↑ EXAMPLE ↑

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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
2015												
2014												
2013												
2012												
2011												
2010												
2009												
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
2015												
2014												
2013												
2012												
2011												
2010												
2009												
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

AUTOMOBILES: <small>including: Cars, Vans, SUVs, Jeeps & Pickups</small>	YEAR	MAKE <small>(Chev, Ford)</small>	MODEL <small>(Impala, Focus)</small>	SERIES <small>(SL, SE)</small>	# DOORS	# DRIVE WHEELS <small>(Circle)</small>	TONS	CAB TYPE <small>(Circle)</small>	VIN (Vehicle ID Number)				
						2WD 4WD AWD		REG EXT CREW					
							2WD 4WD AWD		REG EXT CREW				
						2WD 4WD AWD		REG EXT CREW					
HISTORIC VEH.				HISTORIC PLATES? <input type="checkbox"/> YES <input type="checkbox"/> NO		EST. VALUE:							
LEASED VEH.				FROM WHOM:									
TRUCKS & SEMI TRACTORS <small>Attach Reciprocity Report</small>	YEAR	MAKE <small>(Sterling, Mack)</small>	MODEL	GROSS VEH. WEIGHT	BODY TYPE <small>(Flatbed, Grain)</small>		MO MILES	TOTAL MILES	VIN (Vehicle ID Number)				
SEMI TRAILER	YEAR	MAKE / MODEL	TYPE <small>(Reefer, Flat, Van, Tanker, Etc.)</small>		AXLES	LENGTH	MO MILES	TOTAL MILES	VIN (Vehicle ID Number)				
CAMPER TRAILER	YEAR	MAKE	MODEL & SERIES		TYPE <small>(Circle One)</small>		LENGTH (OPEN)		VIN (Vehicle ID Number)				
TRAILERS <small>including BOAT TRAILERS</small>	YEAR	MAKE	TYPE <small>(Stock, Flat, Boat, Horse)</small>		HITCH <small>(Circle One)</small>	AXLES	WGT/TON	LENGTH	VIN (Vehicle ID Number)				
					GOOSENECK BUMPER								
					GOOSENECK BUMPER								
					GOOSENECK BUMPER								
BUSES	YEAR	MAKE / CHASSIS	MODEL / SERIES			LENGTH	# PASSENGERS	VIN (Vehicle ID Number)					
MOTOR HOMES & RVs	YEAR	MAKE / CHASSIS	MODEL	SERIES		LENGTH		VIN (Vehicle ID Number)					
CUSTOM MOTORCYCLE	YEAR	MAKE	MODEL	INSURANCE VALUE	ESTIMATED VALUE		VIN (Vehicle ID Number)						
MOTORCYCLES ATVs & UTVs	YEAR	MAKE	MODEL	# OF WHEELS	TYPE <small>(Circle One)</small>		CC / HP		VIN (Vehicle ID Number)				
						MC ATV UTV							
BOAT & MOTORS	YEAR	MAKE	MODEL / TYPE <small>(Jon, Fishing, Pontoon, Ski, etc.)</small>		LENGTH	FIBER, WOOD, ALUMINUM	MOTOR / MAKE		MOTOR TYPE <small>(Circle One)</small>	MOTOR YR.	MOTOR HP	HIN (HULL ID #)	
									OB I/O				
									OB I/O				
AIRPLANES	YEAR	MAKE	MODEL & SERIES	MAX. CERTIFIED GROSS TAKEOFF WEIGHT	<small>(Circle One)</small> COMMERCIAL NON-COMMERCIAL	HOURS FLOWN LAST YEAR	PURCHASE PRICE	VIN / SERIAL NUMBER					
GRAIN/HAY For Resale	Grain: # Bushels			Hay: # Tons									
LIVESTOCK	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								
FARM MACHINERY & HEAVY EQUIPMENT	YEAR	MAKE	MODEL	DESCRIPTION <small>(Tractor, Combine, Backhoe, Dozer, Etc.)</small>				YEAR PURCHASED	ORIG. COST				
									\$				
									\$				
									\$				
									\$				
									\$				
									\$				
APARTMENTS MOTELS <small>(OWNER'S ONLY)</small>	Please List Total Number of												
	Furnished Rooms # _____												
Refrigerators # _____		TV's # _____		Washers # _____		Dryers # _____							
<small>PHEL2-102 (Rev 10/15)</small> 081B													
MOBILE HOMES <small>(Please attach additional list if necessary)</small>	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 # _____						
Failure to return your Assessment List will result in a Penalty.						ASSESSED VALUE		PENALTY		ASSESSED VALUE		PENALTY	
<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 DOUBLED 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	
AGENT OR PREPARER'S INFORMATION													
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.													
SIGN HERE						Date _____			Email: _____				