

TIM KEAN
PHELPS COUNTY ASSESSOR
200 N. Main St, Ste 126
Rolla, MO 65401-3037
573-458-6135 • 573-458-6149 Fax
phelps.missouriassessors.com
personalproperty@phelpscounty.org

AVOID PENALTY Return by March 1st

2026 BUSINESS ASSESSMENT LIST

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, 2026. Complete this form, sign and return it **before March 1st, 2026** to avoid penalty.

Follow instructions below and on back.

SUBMIT YOUR ASSESSMENT LIST ONLINE

- 1. Website: Phelps.MissouriAssessors.com
- 2. Click "e-File Personal Property" button
- 3. Enter the Account # (located below)
- 4. Enter the ePIN (located below)



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E-File - Scan QR code or Go to:

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.** 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, 2026** -->
 - 2. List **ANY items NOT SHOWN** in this box in the areas below or on back.

HOW TO REMOVE AN ITEM:

~~4904FORD F-400 XL FD7QA61035550257~~

↑ **EXAMPLE** ↑

Please add VIN if missing from items shown in this box. Please also add the VIN to any newly-purchased items you list below. This 17-digit number can be found on your insurance card.

*****Do not re-list any items that appear correctly in box above.*****

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
2025												
2024												
2023												
2022												
2021												
2020												
2019												
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
2025												
2024												
2023												
2022												
2021												
2020												
2019												
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

CONTINUED ON BACK ➡

AUTOMOBILES: <i>including: Cars, Vans, SUVs, Jeeps & 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																					
HISTORIC VEH.				HISTORIC PLATES? <input type="checkbox"/> YES <input type="checkbox"/> NO			EST. VALUE:																										
LEASED VEH.				FROM WHOM:																													
TRUCKS & SEMI TRACTORS <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)																					
SEMI TRAILER	YEAR	MAKE / MODEL		TYPE <i>(Reefer, Flat, Van, Tanker, Etc.)</i>			AXLES	LENGTH	MO MILES	TOTAL MILES		VIN (Vehicle ID Number)																					
CAMPER TRAILER	YEAR	MAKE		MODEL & SERIES		TYPE <i>(Circle One)</i>			LENGTH (OPEN)		VIN (Vehicle ID Number)																						
						5TH WHEEL	UPRIGHT	FOLD DOWN																									
TRAILERS <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																											
						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 <i>(Circle One)</i>		CC / HP		VIN (Vehicle ID Number)																					
								MC	ATV	UTV																							
								MC	ATV	UTV																							
BOAT & MOTORS	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																						
											OB I/O																						
AIRPLANES	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																							
								\$																									
GRAIN/HAY For Resale	Grain: # Bushels														Hay: # Tons																		
LIVESTOCK	Cows			No.		Slaughter Lambs			No.		Ostrich (under 2 yrs.)			No.		Bee Colonies			No.														
	Bulls			No.		Feeder Lambs			No.		Ostrich (over 2 yrs.)			No.		Other:																	
	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.		Bison			No.																			
FARM MACHINERY & HEAVY EQUIPMENT	YEAR	MAKE		MODEL		DESCRIPTION <i>(Tractor, Combine, Backhoe, Dozer, Etc.)</i>								YEAR PURCHASED		ORIG. COST																	
																\$																	
																\$																	
																\$																	
APARTMENTS MOTELS <i>(OWNER'S ONLY)</i>	Please List Total Number of																																
	Furnished Rooms # _____																																
	Refrigerators # _____ TV's # _____ Washers # _____ Dryers # _____																																
MOBILE HOMES <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 \$ No #									
						* NAME & ADDRESS OF LANDOWNER (IF DIFFERENT)																											
Failure to return your Assessment List will result in a Penalty. <input checked="" type="checkbox"/> Late Personal Property Lists - Sec. 137.280 RSMo 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, 2026. Assessment may be <u>DOUBLED</u> if list is found to be fraudulent, per RSMo. 137.285.																																	
														ASSESSED VALUE				PENALTY								ASSESSED VALUE				PENALTY			
														0 – 1,000				\$15								5,001 – 6,000				\$65			
														1,001 – 2,000				\$25								6,001 – 7,000				\$75			
														2,001 – 3,000				\$35								7,001 – 8,000				\$85			
														3,001 – 4,000				\$45								8,001 – 9,000				\$95			
														4,001 – 5,000				\$55								9,001 and above				\$105			
Enterprise Zone: If your facility is located in an Enterprise Zone, please provide a list showing acquisition date by year and cost for tools and equipment used for pollution control, and for tools and equipment used in retooling to introduce new product line or to make improvements to an existing product line.																																	
List your Standard Industrial Classification (SIC) Code: _____																																	
Now available, you can access your account detail and assessed value through our website, phelps.missouriassessors.com , under Personal Property search, using your account number and E-pin.																																	
AGENT OR PREPARER'S INFORMATION																																	
NAME														ADDRESS																			
CITY, STATE, ZIP CODE														TAX I.D. NUMBER																			
EMAIL														TELEPHONE ()																			
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, 2026. 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_____																																	