

PARCEL # LOCATION RP PARCEL # MILL CODE ZONE	<b>TANGIBLE PERSONAL PROPERTY TAX RETURN</b> Confidential § 193.074 F.S. As Required by §§ 193.052 & 193.062 F.S.	STATE OF FLORIDA COUNTY OF <b>MANATEE</b> <b>2023</b>
<b>Return To Manatee County Property Appraiser          By April 1 To Avoid Penalties and Loss of TPP Exemption</b>		

FEI # _____	MULTI # _____	<b>BUSINESS NAME (DBA) AND MAILING ADDRESS</b>	PARCEL # _____	ZONE _____
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**MAIL COMPLETED RETURN TO:**

**CHARLES E. HACKNEY, CFA  
 MANATEE COUNTY PROPERTY APPRAISER  
 PO BOX 1358  
 BRADENTON FL 34206-1358**

NAICS CODE	DESCRIPTION	If name or address is incorrect, please make necessary corrections.
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**THIS RETURN IS SUBJECT TO AUDIT WITH ALL RECORDS KEPT BY YOU, INCOMPLETE ENTRIES ARE SUBJECT TO PENALTIES.**

1. Contact information for owner or person in charge. Name _____ Tel. # _____ Cell # _____ Fax # _____ E-mail address _____ Corp name/DBA _____ 2. Physical location of this property (on January 1st) _____ 3. Is your business or farm located within the incorporated limits of a city? Yes ___ No ___ If yes, what city? _____ 4. Do you file a tangible personal property tax return under any other name? Yes ___ No ___ If yes, please show name exactly as it appeared on your most recent personal property tax bill or current return _____ 5. Date you began business in this county _____ Fiscal Year From _____ To _____	5a. Although my fiscal year ended prior to December 31 of the past calendar year, this return reflects property additions and deletions through December 31. Yes ___ No ___ 6. Describe type or nature of your business _____ 7. Trade Levels (Circle all that apply)    Retail    Wholesale    Manufacturing Professional    Service    Agriculture    Leasing/Rental    Other 8. Did you file a tangible personal property return in this county last year? Yes ___ No ___ If yes, under what name and address? 9. Former owner of the business: 10. If business sold, to whom? _____ Date _____ 10a. Were all assets sold? Yes ___ No ___    Sale price? _____ Attach Bill of Sale
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**SCHEDULE #1**

LEASED, LOANED, AND RENTED EQUIPMENT (COMPLETE IF YOU HOLD EQUIPMENT BELONGING TO OTHERS.)									
NAME AND ADDRESS OF OWNER OR LESSOR	CONTRACT NUMBER	ASSET DESCRIPTION	YEAR ACQUIRED	TERM	MONTHLY RENT	ORIGINAL INSTALLED COST	LEASE PURCHASE OPTION		
							YES	NO	

**SCHEDULE #2**

EQUIPMENT OWNED BY YOU BUT RENTED, LEASED, OR HELD BY OTHERS								TAXPAYER'S ESTIMATE OF CONDITION (GOOD (AVG.) (POOR))		ORIGINAL INSTALLED COST NEW
LEASE NO.	NAME/ADDRESS OF LESSEE ACTUAL PHYSICAL LOCATION OF ASSETS	DESCRIPTION	AGE	YEAR ACQUIRED	MONTHLY RENT	TERM	FAIR MARKET VALUE	(GOOD)	(AVG.)	

I declare I have read this tax return and the accompanying schedules and statements. The facts in them are true. If prepared by someone other than the taxpayer, the preparer signing this return certifies that this declaration is based on all information he or she has knowledge of.

**LESS EXEMPTION:**     WIDOW     WIDOWER     BLIND  
 \$25,000     TOTAL DISABILITY     OTHER

NOTICE: IF YOU ARE ENTITLED TO A WIDOW'S, WIDOWER'S, OR DISABILITY EXEMPTION ON PERSONAL PROPERTY (NOT ALREADY CLAIMED ON REAL ESTATE), PLEASE CONSULT APPRAISER.

DATE \_\_\_\_\_ TITLE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ (TAXPAYER)

SIGNATURE \_\_\_\_\_ (PREPARER)

ADDRESS \_\_\_\_\_

PREPARER'S ID \_\_\_\_\_ PHONE NO \_\_\_\_\_

SIGN AND DATE YOUR RETURN. SEND THIS ORIGINAL RETURN TO THE MANATEE COUNTY PROPERTY APPRAISER'S OFFICE BY APRIL 1st. FAILURE TO FILE YOUR RETURN AS REQUIRED WILL RESULT IN LOSS OF YOUR TPP EXEMPTION. UNSIGNED RETURNS CANNOT BE ACCEPTED BY THE APPRAISER'S OFFICE. QUESTIONS PLEASE CALL (941) 748-8208.

<b>TAXABLE VALUE</b>	<b>PENALTY</b>
<b>DEPUTY</b>	<b>PENALTY</b>

ALL INFORMATION ON BOTH SIDES MUST BE COMPLETED IN FULL TO BE A VALID RETURN

