

TAX YEAR

**CORPORATE PROPERTY TAX
RETURN**
Commercial Real & Personal Property Statement

ACCOUNT NUMBER

SECTION 1: CORPORATE TAXPAYER INFORMATION

Legal Name of Corporation / Business Entity		Federal Employer Identification Number (FEIN)	
Mailing Address (Street or P.O. Box)		Business Activity / NAICS Code	
City	State	ZIP Code	Telephone Number

SECTION 2: PROPERTY LOCATION AND IDENTIFICATION

Physical Address of Property (if different from above)	Parcel ID/ Assessor's Account Number
Property Type <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Multi-Family <input type="checkbox"/> Other	Legal Description of Real Estate (Brief)

SECTION 3: SCHEDULE OF REAL PROPERTY ASSETS

Report all commercial real property holdings, land improvements, and buildings owned at historical cost.

Asset Description	Year Acquired	Original Cost	Net Book Value
Land			
Buildings & Structures			
Leasehold Improvements			
Land Improvements (Paving, Fencing, etc.)			
Total Real Property Assets			

SECTION 4: SCHEDULE OF TANGIBLE PERSONAL PROPERTY

Report all machinery, equipment, furniture, fixtures, and other non-real property used in the operation of business.

Asset Category	Year Acquired	Acquisition Cost	Assessor Use Only
Machinery & Industrial Equipment			
Office Furniture & Fixtures			
Computer Equipment & Systems			
Tools, Dies, Molds & Jigs			
Other Tangible Personal Property			
Total Tangible Personal Property			

SECTION 5: EXEMPTIONS AND LEASED PROPERTY DECLARATIONS

Are any tax exemptions claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify legal basis and category: _____	Is any personal/real property leased from others? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach list of lessors, addresses, and terms.
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SECTION 6: SIGNATURE AND OATH OF CORPORATE OFFICER

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGNATURE OF AUTHORIZED CORPORATE OFFICER / AGENT

TITLE

DATE

PRINTED NAME OF OFFICER / AGENT

PREPARER NAME / FIRM NAME (IF OTHER THAN TAXPAYER)