

20 __ COMMERCIAL PERSONAL PROPERTY ASSESSMENT FORM

PPAN: _____
Tax ID: _____
Business Name: _____
Local Address: _____
Business Type: _____
Owner/Manager: _____
Phone: _____ **Fax:** _____
Mailing Address:

School District: _____
Parcel: _____

Pulaski County
 201 S. Broadway, Suite 310
 Little Rock, AR 72201

Phone: 501-340-3366
Fax: 501-340-5688
Email: busdept@pulaskicountyassessor.net

This form will be used by the assessor in your county to determine the value of your business' personal property. An information sheet containing instructions on completions of this form and statutory provisions regarding the assessment of your personal property should be included with this form. If no information sheet is included, contact the assessor's office to obtain one. Do not mark in any area labeled FOR ASSESSOR USE ONLY or shaded areas. Complete all sections pertinent to your business. SIGN AND RETURN THIS FORM TO THE ASSESSOR BEFORE MAY 31. FORMS RETURNED AFTER THAT DATE WILL BE DELINQUENT AND PENALIZED 10% OF THE TAX AMOUNT. Information reported on this form is required by Arkansas law and is subject to audit by the county assessor and/or the State of Arkansas. Upon request, you should be prepared to provide documentation for the content of this assessment.

FOR ASSESSOR USE ONLY

Property Type	Market Value	Assessed Value	Penalty	Total Assessed
Inventory				
FF & E				
Vehicles				
Livestock				
Misc Equip				
Aircraft				
Total				

INVENTORY: Please list below the average prior year value of inventory owned by your business, including floor-planned goods and those consigned from outside Arkansas.

MANUFACTURERS ONLY

Owner's Value

Assessed Value

1. Last year's average raw materials:		
2. Last year's average work in progress:		
3. Last year's average finished goods held for sale:		
4. Last year's average marketable by-products:		
5. Last year's average supplies, packaging, etc:		
6. TOTAL AVERAGE INVENTORY (1+2+3+4+5)		

MERCHANTS ONLY:

1. Last year's average goods held for sale:		
2. Last year's average supplies, packaging, etc:		
3. TOTAL AVERAGE INVENTORY (1+2)		
4. OPTIONAL - Last year's annual gross sales:		

INVENTORY Contd.

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Year	Item Description	Full Value	Dep. Value	Assessed Value

FURNITURE, FIXTURES, and EQUIPMENT: Please list below, or attach an itemized list, of the furniture, fixtures machinery, and equipment owned by your business, including any items reflecting a book value of zero. Subtotals representing similar items may be listed so long as they are grouped by the year of purchase and estimated useful life. Short-lived items such as tools may be listed in the miscellaneous section.

Item	Year	Estimated Useful Life	Purchase Price	Dep Value	Value Per Owner	FOR ASSESSOR USE ONLY	
						REL %	Assessed Value

VEHICLES: Please list below, or attach an itemized list, of the vehicles owned by your business. Vehicles requiring proof of assessment for licensing should be listed below. Non-licensed vehicles may be listed below, in the miscellaneous section, or a separate list may be attached to this form.

Year	Manufacturer Model and Type	VIN	Assessed Value

MISCELLANEOUS: Please list below any other tangible personal property belonging to your business but not already included in your assessment, such as tools, dies, etc., including any item with a book value of zero .

Item Description	Year	Estimated useful Life	Value Per Owner	FOR ASSESSOR USE ONLY Assessed Value

LIVESTOCK:

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Item Description	Quantity & Rate	Year	Value Per Owner	Assessed Value

AIRCRAFT:

Year	Manufacturer and Model	VIN	Assessed Value

LEASED PROPERTY: Please list below any leased item in your possession. This is to ensure property is assessed to the proper owner and NOT TO YOUR BUSINESS. You may wish to attach a separate list and a copy of your lease.

Year	Item Description	Estimated Useful Life	Lease Date	Owner Name

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Please list below any items for which space was not provided on the previous sections:

Quantity	Item	Date of Purchase	Est. Useful Life	Purchase Price	Value Per Owner	FOR ASSESSOR USE ONLY REL% Market Value

I hereby swear or affirm that this is a true and complete list of all the personal property that I am required to list for taxation, and that the values rendered are true and accurate to the best of my knowledge.

This is to certify that the above listed vehicles have been assessed for the current year.

Owner: _____

County Assessor: **Janet Troutman Ward** _____

Date: _____

This is to certify that the above business paid personal property taxes dues, as recorded by

Sworn before and subscribed to before me this ____ day of _____

Receipt # _____ on the _____
in the amount of _____ for year _____

TLC

Assessor, Deputy

County Collector: _____