		TAI	NGIBLE PE	ER	SONAL PRO	PERTY	TAX RETURN					
				СО	NF	IDENTIAL		DR-405, R. 01/18 Rule 12D-16.002, F.A.C. Eff. 12/21				
		Return to pro	April 1 to	o avoid penalty.								
]	County Tax year										
Enter your account number, name, and address to Account number		Business name	e (DF	BA-Doing Busines	<u> </u>							
Name and address					- (,	9				
						Federal Employer						
		Identification Number NAICS NAICS										
If name and address is incorrect	nlease make needed co	rrections		Square feet oo	cup	ied by your busine	ess:					
Owner or person in charge	6. Type or nature of your business											
Business/corporate name	Trade levels (check all that apply) Retail Wholesale											
2. Physical location (no PO Boxes)				anufacturing		Professional	Service	Agricultural				
				easing/rental	_	Other, specify:						
3. Do you file a TPP tax return under any other name? Yes No						rn in this county la	ast vear?	Yes No				
Name on most recent return or tax bill				me and		,	,					
4. Date you began business in this count	loc	ation										
5. Fiscal year If before 12/31 last year, does this return reflect				mer owner of b	usin	ess						
end date additions/deletions through Dec 31? Yes No				9. If sold, to whom? Date sold								
Personal Property Summary Schedule - Enter totals from page 2 or from an attached itemized list or depreciation schedule with original cost and date of acquisition.				ayer's Estima ir Market Val		Original Insta Cost		For Property praiser Use Only				
10 Office furniture, office machines, and library												
11 EDP equipment, computers, and word												
12 Store, bar and lounge, and restaurant	12 Store, bar and lounge, and restaurant furniture, equipment, etc.											
13 Machinery and manufacturing equipme	nt											
14 Farm, grove, and dairy equipment												
15 Professional, medical, dental, and laborate	ratory equipment											
16 Hotel, motel, and apartment complex												
16a Rental units (stove, refrigerator, furnitu												
17 Mobile home attachments (carport, util												
18 Service station and bulk plant equipme					XX							
	 Signs (billboard, pole, wall, portable, directional, etc.) Leasehold improvements - grouped by type, year of installation, and description 											
21 Pollution control equipment	type, year or installation, and u	lescription										
22 Equipment owned by you but rented, le	eased or held by others											
23 Supplies not held for resale	34004 51 11514 57 5411515											
24 Renewable energy source devices							X					
25 Other, specify:												
Zo Other, specify.	TOTAL PERSONAL	DDODEDTY										
I declare I have read this tax return and the acco			I n are true	e. If prepared by	\Diamond	\$25,000	Less					
someone other than the taxpayer, the preparer signing this return certifies that this declaration is based she has knowledge of.				formation he or	Ř	Widowed	Exemption	s				
Signature					Blind	Taxable						
taxpayer	Print name Title			Date		Total disability	Value					
Signature preparer	Print name Preparer ID			Date		Other, specify						
	1 Toparol ID			-			Penalties					
Address		Phone										
Sign and date your return, send the origina	I to the county property apprais	ser's office by Ap	oril 1. U	nsigned	\otimes	Signature o	No politica	Date				

Sign and **date** your return, send the **original** to the county property appraiser's office by **April 1**. Unsigned returns **cannot** be accepted by the appraiser's office. If you are entitled to a widow's, widower's, or disability exemption on personal property (not already claimed on real estate), consult your appraiser.

Report all property owned by you including fully depreciated items still in use.

ASSETS I	PHYSICALLY REMOVED DUR	ING T	HE L	AST YE	AR											_
Description					xpayer's E Fair Mark		Original Installed Cost		Dis	sposed, s	sold, or	traded	and to	wh	om?	
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LEASED	LOANED OF BENTED FOUR	DNAENI		Complete	if you be	ald aguin	mont hal	ongin	a to a	othoro				1 6	ease	_
Name and Address of Owner or Lessor												Pur	chase			
				Descript	on		Year Year Acquired Manuf		ar of Monthly facture Rent				talled		otion s No	
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SCHEDU	LE FOR LINE 22, PAGE 1	Equip	ment	t owned b	y you bu	ıt rented,	, leased,	or he	ld by			tal on p				
Lease Name/address of lessee Number Actual physical location		Description			Age Year Acquired		Monthly Rent		remi Estimate		of Fair	Cond*	nd* Insta		nal I Cos	it
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SCHEDUL	ES FOR PAGE 1, LINES 10 - 2	21 and	123 -	- 25		•					APP	RAISER	'S U S	Ε (ONLY	,
Enter line number from page 1. Description		Age		Year	Taxpayer's Estim			Orio	ginal Ir	nstalled						
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Enter totals on page 1. Enter line number from page 1.			Λαο	Year	Taxpave	r's Estima		_	inina	l Installed	IOIA					
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Enter tota	als on page 1.			TOTAL			TOTAL	-			TOTAL			X	ŶŶ	Ś

INSTRUCTIONS

Complete this form if you own property used for commercial purposes that is not included in the assessed value of your business' real property. This may include office furniture, computers, tools, supplies, machines, and leasehold improvements. Return this to your property appraiser's office by April 1. Keep a copy for your records.

Report your summary totals on page 1. Use page 2 or an attached, itemized list with original cost and date acquired for each item to provide the details for each category. Contact your local property appraiser if you have questions.

If you ask, the property appraiser will give you an extension for 30 days and may grant an additional 15 days. You must ask for the extension in time for the property appraiser to consider the request and act on it before April 1.

Each return is eligible for an exemption up to \$25,000. By filing a DR-405 on time you automatically apply for the exemption. If you do not file on time, Florida Law provides for the loss of the \$25,000 exemption.

WHAT TO REPORT

Include on your return:

- Tangible Personal Property. Goods, chattels, and other articles of value (except certain vehicles) that can be manually possessed and whose chief value is intrinsic to the article itself.
- 2. Inventory held for lease. *Examples:* equipment, furniture, or fixtures after their first lease or rental.
- 3. Equipment on some vehicles. *Examples*: power cranes, air compressors, and other equipment used primarily as a tool rather than a hauling vehicle.
- 4. Property personally owned, but used in the business.
- 5. Fully depreciated items, whether written off or not. Report at original installed cost.

Do not include:

- 1. Intangible Personal Property. *Examples*: money, all evidences of debt owed to the taxpayer, all evidence of ownership in a corporation.
- 2. Household Goods. *Examples*: wearing apparel, appliances, furniture, and other items ordinarily found in the home and used for the comfort of the owner and his family, and not used for commercial purposes.
- 3. Most automobiles, trucks, and other licensed vehicles. See 3 above.
- 4. Inventory that is for sale as part of your business. Items commonly referred to as goods, wares, and merchandise that are held for sale. Also, inventory is construction and agricultural equipment weighing 1,000 pounds or more that is returned to a dealership under a rent-to-purchase option and held for sale to customers in the ordinary course of business. See section 192.001(11)(c), Florida Statutes.

LOCATION OF PERSONAL PROPERTY

Report all property located in this county on January 1. You must file a single return for each site in the county where you transact business. If you have freestanding property at multiple sites other than where you transact business, file a separate, but single, return for all such property located in the county.

Examples of freestanding property at multiple sites include vending and amusement machines, LP/ propane tanks, utility and cable company property, billboards, leased equipment, and similar property not customarily located in the offices, stores, or plants of the owner, but is placed throughout the county.

PENALTIES

Failure to file - 25% of the total tax levied against the property for each year that no return is filed

Filing late - 5% of the total tax levied against the property covered by that return for each year, each month, and part of a month, that a return is late, but not more than 25% of the total tax

Unlisted property -15% of the tax attributable to the omitted property

RELATED FLORIDA TAX LAWS

§192.042, F.S. - Assessment date: Jan 1

§193.052, F.S. - Filing requirement

§193.062, F.S. - Filing date: April 1

§193.063, F.S. - Extensions for filing

§193.072, F.S. - Penalties

§193.074, F.S. - Confidentiality

§195.027(4), F.S.- Return Requirements

§196.183, F.S. - \$25,000 Exemption

§ 837.06, F.S. - False Official Statements

LINE INSTRUCTIONS

Within each section, group your assets by year of acquisition. List each item of property separately except for "classes" of personal property. A class is a group of items substantially similar in function, use, and age.

Line 14 - Farm, Grove, and Dairy Equipment

List all types of agricultural equipment you owned on January 1. Describe property by type, manufacturer, model number, and year acquired. Examples: bulldozers, draglines, mowers, balers, tractors, all types of dairy equipment, pumps, irrigation pipe - show feet of main line and sprinklers, hand and power sprayers, heaters, discs, fertilizer distributors.

Line 16 and 16a - Hotel, Motel, Apartment and Rental Units (Household Goods)

List all household goods. Examples: furniture, appliances, and equipment used in rental or other commercial property. Both residents and nonresidents must report if a house, condo, apartment, etc. is rented at any time during the year.

Line 17 - Mobile Home Attachments

For each type of mobile home attachment (awnings, carports, patio roofs, trailer covers, screened porches or rooms, cabanas, open porches, utility rooms, etc.), enter the number of items you owned on January 1, the year of purchase, the size (length X width), and the original installed cost.

Line 20 - Leasehold Improvements, Physical Modifications to Leased Property

If you have made any improvements, including modifications and additions, to property that you leased, list the original cost of the improvements. Group them by type and year of installation. Examples: slat walls, carpeting, paneling, shelving, cabinets. Attach an itemized list or depreciation schedule of the individual improvements.

Line 22 - Owned by you but rented to another

Enter any equipment you own that is on a loan, rental, or lease basis to others.

Line 23 - Supplies

Enter the average cost of supplies that are on hand. Include expensed supplies, such as stationery and janitorial supplies, linens, and silverware, which you may not have recorded separately on your books.

Include items you carry in your inventory account but do not meet the definition of "inventory" subject to exemption.

Line 24 - Renewable Energy Source Devices

List all renewable energy source devices as defined in section 193.624, Florida Statutes. Section 196.182, F.S., provides an exemption to renewable energy source devices considered tangible personal property. The exemption is granted based on a percentage of value, when the devices are installed, and what type of property the devices are installed on.

COLUMN INSTRUCTIONS

List all items of furniture, fixtures, all machinery, equipment, supplies, and certain types of equipment attached to mobile homes. For each item, you must report your estimate of the current fair market value and condition of the item (good, average, poor). Enter all expensed items at original installed cost. Do not use "various" or "same as last year" in any of the columns. These are not adequate responses and may subject you to penalties for failure to file.

Taxpayer's Estimate of Fair Market Value

You must report the taxpayer's estimate of fair market value of the property in the columns labeled "Taxpayer's Estimate of Fair Market Value." The amount reported is your estimate of the current fair market value of the property.

Original Installed Cost

Report 100% of the original total cost of the property in the columns labeled "Original Installed Cost." This cost includes sales tax, transportation, handling, and installation charges, if incurred. Enter only unadjusted figures in "Original Installed Cost" columns.

The original cost must include the total original installed cost of your equipment, before any allowance for depreciation. Include sales tax, freight- in, handling, and installation costs. If you deducted a trade-in from the invoice price, enter the invoice price. Add back investment credits taken for federal income tax if you deducted those from the original cost. Include all fully depreciated items at original cost, whether written off or not.

Assets Physically Removed

If you physically removed assets last year, complete the columns in the first section of page 2. If you sold, traded, or gave property to another business or person, include the name in the last column.

Leased, Loaned, and Rented Equipment

If you borrowed, rented, or leased equipment from others, enter the name and address of the owner or lessor in the second section of page 2. Include a description of the equipment, year you acquired it, year of manufacture (if known), the monthly rent, the amount it would have originally cost had you bought it new, and indicate if you have an option to buy the equipment at the end of the term.