# website: www.randolphcounty-mo.com 

RICHARD TREGNAGO
2015 BUSINESS ASSESSMENT LIST
RANDOLPH COUNTY ASSESSOR List of Tangible Personal Property on January 1, 2015 belonging to or under control of: 110 S. Main -- Suite E Huntsville, MO 65259-1009

E-MAIL ADDRESS: $\qquad$
 What type of Building? Cost of Building? Have any Buildings been Remodeled? Describe:

Have any Buildings been torn down? Describe:

## LATE FILE PENALTY

$\square$
PLEASE FOLLOW THESE INSTRUCTIONS:
PLEASE CORRECT ADDRESS IF IN ERROR.



| TRAILERS |  |  | TYPE =(BOAT , CARGO, BUMPER, GOOSENECK, UTILITY, STOCK ETC) |  |
| :--- | :--- | :--- | :--- | :--- | :--- |
| Year | Make | Type | No. Axles | Length |
| Year | Make | Type | No. Axles | Length |
| Year | Make | Type | No. Axles | Length |
| AIRPLANE |  | Maximum certified gross take-off weight: | \# Ibs |  |
| Year | Make |  | Hrs Flown | Historic or Kit |


| MOBILE HOMES | Year | Make | Width | Length |
| :--- | :--- | :--- | :--- | :--- |
| Landowners Name: |  |  |  |  |



Horses
Calves
Prains:

Slaughter Lambs
Yearlings
Barrows/Gilts
No. Bu Corn: $\qquad$

## Buls

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oars

LEASED EQUIPMENT (If you are a company who has leased equipment, please attach an itemized listing and return with this form)
WHAT ARE YOU LEASING?
WHO ARE YOU LEASING FROM?
RESPONSIBLE PARTY FOR TAXES AND THEIR ADDRESS:
All Other Personal Property
Oath to be signed and affirmed or sworn to by each person making a list of property required by this chapter shall be as follows:
STATE OF MISSOURI, COUNTY OF RANDOLPH
I, the undersigned, 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, 2015. 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.

This form does not need to be notarized.
SIGN HERE
Subscribed and affirmed or sworn to before me this day of

STATE TAX COMMISSION OF MISSOURI

## BUSINESS ASSESSMENT LIST

This return will be used by the assessor in your county to determine the taxable value of your business personal property Incomplete or late returns may be subject to penalties provided by law.

## BUSINESS INFORMATION

LIST ACTUAL PHYSICAL LOCATION AND TELEPHONE NUMBER OF PROPERTY COVERED BY THIS RETURN (STREET ADDRESS, NOTE PO BOX NUMBER)


## PERSONAL PROPERTY SUMMARY LEASED PERSONAL PROPERTY SUMMARY

This is a summary schedule only. Please itemize in detail by line item number on schedule below.

| ITEM | original cost | Please list below any leased or rented equipment in your possession. The terms of your lease or rental contract may determine tax liability. This section is designed to ensure that the property is assessed to the proper owner. You may wish to attach a separate list or a copy of your lease. |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 1. Office furniture, machines, and library........................ | \$ |  |  |  |  |
| 2. Store, bar \& lounge, restaurant equipment.................... | \$ |  |  |  |  |
| 3. Machinery and manufacturing equipment... |  | ITEM | DATE OF LEASE | LENGTH OF LEASE | Owners Name \& Address |
| 4. Professional, medical, dental, and laboratory equipment.... | \$ |  |  |  |  |
| 5. Hotel, motel, apartment and rental units (household goods) | \$ |  |  |  |  |
| 6. Service station and bulk plant equipment, lifts, tools, etc. | \$ |  |  |  |  |
| 7. Pollution control equipment.................................... | \$ |  |  |  |  |
| 8. EDP equipment, computers, word processors, telecommunications equipment, etc. | \$ |  |  |  |  |
| 9. Equipment owned by you but rented or leased to others.... | \$ |  |  |  |  |
| 10. Video movies, tapes, or game machines..................... | + |  |  |  |  |
| 11. Moveable construction equipment..... | \$ |  |  |  |  |
| 12. Supplies not held for resale... | \$ |  |  |  |  |
| 13. Other <br> Please specify $\qquad$ | \$ |  |  |  |  |
| TOTAL VALUE OF BUSINESS PERSONAL PROPERTY > | \$ |  |  |  |  |

Vehicles: Please list below all licensed, mon-licensed, and other motorized vehicles held by your business.

| Attach additional schedule if necessary. |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Model <br> Year Manufacturer Model | $\begin{array}{r} 2 W D O R \\ 4 W D \end{array}$ | $\begin{gathered} \text { Type } \\ \text { or Style } \\ \hline \end{gathered}$ | No. of Axles | $\begin{aligned} & \text { No. } \\ & \text { Cyl } \\ & \hline \end{aligned}$ | \% VALUE | ASSESSOR'S USE ONLY ASSESSED VALUE |
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