

**NOTICE:— Your Personal Assessment List Must Be Returned By March 1st.**

PHONE: (660) 277-4716 or (660) 263-5822

website: [www.randolphcounty-mo.com](http://www.randolphcounty-mo.com)

**RICHARD TREGNAGO**

**2013 BUSINESS ASSESSMENT LIST**

**RANDOLPH COUNTY ASSESSOR**

List of Tangible Personal Property on January 1, 2013 belonging to or under control of:

110 S. Main -- Suite E

Huntsville, MO 65259-1009

**Real Estate Changes**

Have you built any buildings in 2012?  Yes  No  
What type of Building? \_\_\_\_\_

Cost of Building? \_\_\_\_\_  
Have any Buildings been Remodeled? Describe: \_\_\_\_\_

Have any Buildings been torn down? Describe: \_\_\_\_\_

PLEASE CORRECT ADDRESS IF IN ERROR:

E-MAIL ADDRESS: \_\_\_\_\_

**LATE FILE PENALTY**

**PLEASE FOLLOW THESE INSTRUCTIONS:**

<<<-----PLACE A CHECK IN THE BOX AT LEFT IF PROPERTY IS UNCHANGED.  
LINE THROUGH ITEMS LISTED THAT YOU DID NOT OWN OR CONTROL ON JANUARY 1ST.  
LIST ITEMS YOU HAVE ADDED THAT ARE NOT LISTED IN THE PRE-PRINTED BOX AT LEFT.

**CAR**   
Year Make Model  
Year Make Model  
**PICKUP, SUV, VAN**  **CIRCLE ONE**  
Year Make Ton Cab Type 2WD 4WD  
Year Make Ton Cab Type 2WD 4WD  
Year Make Ton 2WD 4WD  
**TRUCK**  DO YOU HAVE HIGHWAY RECIPROCITY? PLEASE INDICATE YOUR MILEAGE.  
MISSOURI MILES: TOTAL HWY MILES:  
Year Make Ton Model & No. Axles  
Year Make Ton Model & No. Axles  
**HISTORIC VEHICLES**  **CIRCLE ONE**  
Year Make Model Car or Truck  
**MOTORCYCLES**  
Year Make Model CC  
Year Make Model CC  
**ATVS**  
Year Make Model CC  
Year Make Model CC  
**BUS**  
Year Make Model No. Passenger  
**MOTORHOME**  
Year Make Model Length  
**CAMPING TRAILERS**  5th Wht Upright Fold Down **CIRCLE ONE**  
Year Make Model Length  
**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: # lbs=  
Year Make Hrs Flown Historic or Kit  
**MOBILE HOMES** Year Make Width Length  
Landowners Name: \_\_\_\_\_  
Location of home: \_\_\_\_\_

**BOATS**  Material (circle one) Fiberglass Metal Wood Other  
Year Make Length Style  
Material (circle one) Fiberglass Metal Wood Other  
Year Make Length Style  
**BOAT MOTORS**   
Year Make HP  
Year Make HP  
Year Make HP

**Business Personal Property (Hotel, Motel, Furn. Apts, Office Fixtures & all other Business Equipment) Please attach an itemized listing and return to office.**

**TRACTORS** Year Make Model HP  
Year Make Model HP  
Year Make Model HP  
**BALERS**  **CIRCLE ONE**  
Year Make Model RD SQ  
Year Make Model RD SQ  
**COMBINES** Year Make Model Year Make Model  
**BRUSH HOG** Year Make Model Width  
**HAY RAKE** Year Make Model  
**MOWERS** Year Make Model Width  
**DRILLS** Year Make Model  
**PLANTERS** Year Make Model Rows  
**OTHER MACHINERY**  
**CONSTRUCTION EQUIPMENT** **DOZER** Year Make Model **FORKLIFT** Year Make Model  
**SKID LOADER** Year Make Model **BACKHOE** Year Make Model  
**OTHER** Year Make Model **OTHER** Year Make Model

Horses \_\_\_\_\_ Slaughter Lambs \_\_\_\_\_ Feeder Lambs \_\_\_\_\_ Ewes/Rams \_\_\_\_\_  
Calves \_\_\_\_\_ Yearlings \_\_\_\_\_ Cows \_\_\_\_\_ Bulls \_\_\_\_\_  
Pigs \_\_\_\_\_ Barrows/Gilts \_\_\_\_\_ Sows \_\_\_\_\_ Boars \_\_\_\_\_  
Grain: No. Bu: Wheat \_\_\_\_\_ No. Bu Corn: \_\_\_\_\_ No. Bu Soybeans: \_\_\_\_\_ No. Bu Milo: \_\_\_\_\_

**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, 2013. 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 \_\_\_\_\_, 2013.

\_\_\_\_\_  
Deputy RICHARD TREGNAGO, Assessor

**NOTICE** Mo. Revised Statute 137.280 provides you must mail or take your assessment list to the Assessor's Office. Any list not returned by March 1st is subject to penalty as provided by law.

**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)

STREET ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE
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IS BUSINESS LOCATED WITHIN THE INCORPORATED LIMITS OF A CITY?	Yes	No	NAME OF BUSINESS			
Type of business	Retail	Wholesale	Leasing	MFG	Service	Other
			Rental			

**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.				
		ITEM	DATE OF LEASE	LENGTH OF LEASE	Owners Name & Address	
1. Office furniture, machines, and library.....	\$					
2. Store, bar & lounge, restaurant equipment.....	\$					
3. Machinery and manufacturing equipment.....	\$					
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 Please specify.....	\$					
TOTAL VALUE OF BUSINESS PERSONAL PROPERTY >	\$					

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

**Attach additional schedule if necessary.**

Model Year	Manufacturer	Model	2WD OR 4WD	Type or Style	No. of Axles	No. Cyl	% VALUE	ASSESSOR'S USE ONLY ASSESSED VALUE

**Tangible personal property tax schedules (From personal property summary above). Please itemize individual items below. Attach additional schedule if necessary.**

Line Item Number	Description of Item	ORIGINAL COST	Age	Year of Purchase	CONDITION			% VALUE	ASSESSOR'S USE ONLY ASSESSED VALUE
					GOOD	AVG	POOR		

AGENT OR PREPARER'S INFORMATION  
NAME ADDRESS

CITY, STATE, ZIP CODE TELEPHONE TAX ID NUMBER

**< PLEASE SIGN THE FRONT OF THIS LIST UNDER OATH.**