

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

PHONE: (660) 277-4716 or (660) 277-4835

website: www.randolphcounty-mo.gov

RICHARD TREGNAGO

2012 BUSINESS ASSESSMENT LIST

RANDOLPH COUNTY ASSESSOR

List of Tangible Personal Property on January 1, 2012 belonging to or under control of:

110 S. Main -- Suite E

Huntsville, MO 65259-1009

PLEASE CORRECT ADDRESS IF IN ERROR:

E-MAIL ADDRESS: _____

Real Estate Changes Yes No

Have you built any buildings in 2011?
 What type of Building? _____

Cost of Building? _____
 Have any Buildings been Remodeled? Describe: _____

Have any Buildings been torn down? Describe: _____

LATE FILE PENALTY

PLEASE FOLLOW THESE INSTRUCTIONS:

PLACE A CHECK IN THE BOX AT LEFT IF PROPERTY IS UNCHANGED.

LIST 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 Year Make Ton Cab Type 2WD 4WD

Year Make Ton Cab Type 2WD 4WD

Year Make Ton Cab Type 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 Year Make Model Car or Truck

Year Make Model CC

Year Make Model CC

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

Year Make Model Length

CAMPING TRAILERS 5th Whl 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 **BOAT MOTORS**

Year Make Length Style Year Make HP

Material (circle one) Fiberglass Metal Wood Other Year Make HP

Year Make Length Style 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 **BALERS** CIRCLE ONE

Year Make Model HP Year Make Model RD SQ

Year Make Model HP 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** Year Make Model

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, 2012. 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 _____ 2012.

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.