# CONFIDENTIAL PERSONAL PROPERTY RETURN (ORS 308 290)

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|---|---|---|---|
|   | U | U | U |

| Assessment of Rusiness Furniture/Fixtures/Equinment   |                             |                         |                             |                                 |                              |                               |  |   | . 011  | II (ONS.              | 300.290)         |                     |          | 2005                               |  |  |  |
|---|-----------------------------|-------------------------|-----------------------------|---------------------------------|------------------------------|-------------------------------|--|---|--|-----------------------|------------------|---------------------|----------|------------------------------------|--|--|--|
| Assessment of Business Furniture/Fixtures/Equipment Filing Deadline: March 1, 2005  |                             |                         |                             |                                 |                              |                               |  |   | If you have no personal property, fill in the section "No Personal Property To Report," sign the Taxpayer's Declaration, and file this return. |                       |                  |                     |          |                                    |  |  |  |
| <b>PENALTY</b> —Maximum penalty for late filing of personal property return is up to 50 percent of the tax attributable to the taxable personal property. (ORS 308.296) |                             |                         |                             |                                 |                              |                               |  |   |  |                       |                  |                     |          |                                    |  |  |  |
| Account Number Code Area  |                             |                         |                             |                                 |                              |                               |  |   |  |                       |                  |                     |          |                                    |  |  |  |
|   |                             |                         |                             |                                 |                              |                               |  |   |  |                       |                  |                     |          |                                    |  |  |  |
|   |                             |                         |                             |                                 |                              |                               |  |   |  | FOR AS                | SSESSOR'         | S USE OI            | NLY      |                                    |  |  |  |
|   | 1. Lea                      | ased o                  | r Rented Pr                 |                                 |                              |                               |  |   |  |                       |                  |                     |          |                                    |  |  |  |
|   |                             |                         |                             |                                 |                              |                               |  |   |  | tory Supplie          | es               |                     |          |                                    |  |  |  |
|   |                             |                         |                             |                                 |                              |                               |  | 3. Floating Property  |  |                       |                  |                     |          |                                    |  |  |  |
|   |                             |                         |                             |                                 |                              |                               |  | 4. Libraries  |  |                       |                  |                     |          |                                    |  |  |  |
|   |                             |                         |                             |                                 |                              |                               |  | 5. All Other Property   |  |                       |                  |                     |          |                                    |  |  |  |
|   |                             |                         |                             |                                 |                              |                               |  | 6. 7. Total Real Market Value   |  |                       |                  |                     |          |                                    |  |  |  |
|   |                             |                         |                             |                                 |                              |                               |  | Notal Real Market Value     S. Late Filing Penalty  |  |                       |                  |                     |          |                                    |  |  |  |
| Make any name or mailing a  |                             |                         | _                           | ed                              |                              |                               |  | 8. Late Filing Penalty  TAXPAYER'S DECLARATION  |  |                       |                  |                     |          |                                    |  |  |  |
|   | nis Return is Su            |                         |                             |                                 |                              |                               |  | Invali  | id if n  |                       |                  |                     |          | wearing in                         |  |  |  |
| <b>LOCATION OF PERSON</b> File a separate return for each   |                             |                         |                             |                                 |                              | neede                         | d.   | Invalid if not signed. Under the penalties of false swearing in ORS 305.990(4), I declare that I have examined this return and all attachments. All statements made are true. To the best of my |  |                       |                  |                     |          |                                    |  |  |  |
| Personal Property Location (stree   | et address, city)           |                         |                             |                                 |                              |                               |  | knowledge, all taxable personal property I own, possess, or control, which was in this county as of 1:00 A.M., January 1 has been reported.   |  |                       |                  |                     |          |                                    |  |  |  |
| Date business originated in co  | unty Type of Busi           | ness                    |                             |                                 |                              |                               |  | Name of Firm/Owner  |  |                       |                  |                     |          |                                    |  |  |  |
| Was a return filed last yea   | ar?                         | nty                     |                             |                                 |                              | N                             | 0  | Assumed Business Name of Firm Assessed Telephone No.  |  |                       |                  |                     |          |                                    |  |  |  |
| ☐ First Time Filer (See   | e General Informa           | tion. No. 1)            |                             |                                 |                              |                               |  | Mailing Address Fax No.   |  |                       |                  |                     |          |                                    |  |  |  |
| ,   |                             |                         |                             |                                 |                              |                               |  | ( )   |  |                       |                  |                     |          |                                    |  |  |  |
| 2004 Assessment C<br>(See General Informati   |                             | e Assesso               | or                          |                                 |                              |                               |  | City State ZIP Code   |  |                       |                  |                     |          |                                    |  |  |  |
| Remember to sign the  | Taxpayer's De               | claration a             | at righ                     | t —                             |                              |                               | <b>~</b>                                     | Signati   | ure of F   | Person Respo          | nsible for Retu  | ırn                 | Date     |                                    |  |  |  |
| No Personal Property  |                             |                         |                             |                                 | . 3)                         |                               |  | Printed Name of Person Signing Return Title   |  |                       |                  |                     |          |                                    |  |  |  |
| Business closed? Date closed:   |                             | Moved out of Date moved |                             | ?                               |                              |                               |  |   | _  | HIS BETI              | IRN IS REI       | ING FIL FI          | D FOR:   |                                    |  |  |  |
| Business sold?  |                             | New addres              |                             |                                 |                              |                               |  | THIS RETURN IS BEING FILED FOR:  An Individual  A Partnership (No. of persons)  |  |                       |                  |                     |          |                                    |  |  |  |
| Date of sale:   | er (if business sold)       |                         |                             |                                 |                              |                               | _  | ☐ A Corporation ☐ A Limited Partnership ☐ A Limited Liability Company ☐ A Limited Liability Partnership   |  |                       |                  |                     |          |                                    |  |  |  |
|   |                             |                         |                             |                                 |                              |                               |  |   | Attach a separate list of names and addresses of each individual partner.  |                       |                  |                     |          |                                    |  |  |  |
| Submit your original retu   | rn and attachme             | nts to you              | ır coun                     | ty ass                          | sesso                        | r. Ke                         | ер а <b>г</b>                                | hoto  | ору  | and the at            | tached ins       | tructions           | for you  | r records.                         |  |  |  |
| SCHEDULE 1— LEASE   | D OR RENTED I               | PERSONA                 | L PRO                       | PERT                            | <b>Y</b> (D                  | o not                         | report                                       | real pr   | operty   | /. Enter "No          | ne" if no pe     | rsonal prop         | perty to | report)                            |  |  |  |
| Name and Address of<br>Second Party Involved<br>In Lease/Rent Agreement   | 2<br>Descrip<br>(Include mo |                         | 3 Paye<br>Taxes to<br>Filer | or of<br>County<br>2nd<br>Party | AMOUI<br>LEASE<br>4<br>Month | NT OF<br>/RENT<br>5<br>Yearly | <sup>6</sup> Date<br>Agree-<br>ment<br>Began | <sup>7</sup> Length<br>of<br>Agree-<br>ment   | No.<br>of<br>Units   | 9<br>Origin<br>Each   | al Cost<br>Total | Owner's O<br>Market | Value    | Assessor's<br>RMV<br>(leave blank) |  |  |  |
|   |                             |                         |                             | •                               |                              |                               |  |   |  |                       |                  |                     |          |                                    |  |  |  |
|   |                             |                         |                             |                                 |                              |                               |  |   |  |                       |                  |                     |          |                                    |  |  |  |
|   |                             |                         |                             |                                 |                              |                               |  |   |  |                       |                  |                     |          |                                    |  |  |  |
| If Schedule 1 items are repo  | orted on separate a         | tachments,              | check h                     | ere:                            |                              |                               | Sch  | edule 1   | TOTA   | <b>L:</b> (Include a  | ttachments)      |                     |          |                                    |  |  |  |
| SCHEDULE 2— NONIN   | VENTORY SUPF                | LIES (See               | e instru                    | ctions                          | for ex                       | ample                         | es)  |   |  |                       |                  |                     |          |                                    |  |  |  |
| 1   | REPORT                      | TOTAL COS               | ST ON F                     | IAND                            | AS OF                        | JAN                           | UARY   | 1   |  | 15 00                 |                  | 6 Owne              |          | Assessor's                         |  |  |  |
| General Office Supplies Maintenance Supplies Operating Supplies S   |                             |                         |                             |                                 |                              |                               |  |   |  |                       |                  |                     |          | RMV<br>(leave blank)               |  |  |  |
| If Cohodula Oltarea   | utod or                     | Hook                    | ab a state                  |                                 |                              |                               | 0-1  | ا - اینام   | TOT.   | <u> </u>              |                  |                     |          |                                    |  |  |  |
| If Schedule 2 items are repo  | orted on separate a         | ιτacnments,             | cneck h                     | nere: L                         |                              |                               | Sch  | edule 2   | Z TOTA   | <b>AL:</b> (Include a | attachments)     |                     |          |                                    |  |  |  |

| SCHEDULE 3— FLOATI  | ING P                   | ROPERTY (Er                         | nter "Nor      | ne" if no p             | oroperty   | to re      | port)                |         |           |                                 |   |                                 |                     |
|---|-------------------------|-------------------------------------|----------------|-------------------------|------------|------------|----------------------|---------|-----------|---------------------------------|---|---------------------------------|---------------------|
| Registration No.  | Oregon Marine Board No. |                                     |                |                         | Da         | ate Pu     | urchas               | ed      |           | Purcl                           | Owner's Opinion                             | Assessor's RMV                  |                     |
| Own:  | Contract Holder:        |                                     |                |                         | E          | vact N     | Moorag               | ne Loca | tion on . | \$<br>January                   | of Market Value                             | (leave blank)                   |                     |
| Fee Simple Contract   |                         |                                     |                |                         |            | Adot IV    | ποσιας               | go Looa | don on c  | anuary                          |   |                                 |                     |
| If you have remodeled your floating property during the past year, please describe in the space to the right. (This may include a room or story addition, stringer replacement, or acquisition of a tender house or swim float.) Also report partially completed structures.  Approximate date of remodeling: |                         |                                     |                |                         |            |            |                      |         |           |                                 |   |                                 |                     |
| ALL OTHER VESSELS   | [                       | Does this vessel ply the high seas? |                |                         |            |            |                      |         |           |                                 |   |                                 |                     |
| Registration No.  | Date                    | Purchased                           | Purchase<br>\$ | se Price Name of Vessel |            |            |                      |         |           |                                 |   |                                 |                     |
| Primary Moorage Length of Vessel Type of Fishing or Activity  |                         |                                     |                |                         |            |            |                      |         |           |                                 |   |                                 |                     |
| If Schedule 3 items are reported on separate attachments, check here: Schedule 3 TOTAL: (Include attachments)   |                         |                                     |                |                         |            |            |                      |         |           |                                 |   |                                 |                     |
|   |                         |                                     |                |                         |            |            |                      |         |           |                                 |   | ll                              |                     |
| SCHEDULE 4— PROFE   | SSIO                    | NAL LIBRARI                         | ES (Use        | this forn               | nat and    | repo       | rt on                | a sepa  | arate s   | heet. E                         | nter "None" i                               | f no property to rep            | ort)                |
| Type of Library*  Title of Book or Set  If set, is it co  |                         |                                     |                | t complete              | N          |            | Number of<br>Volumes |         | Cost When |                                 | Owner's Opinion of<br>Market Value<br>TOTAL | Assessor's RMV (leave blank)    |                     |
| 3,  |                         |                                     |                |                         |            |            |                      |         |           |                                 |   |                                 |                     |
| *For example, books, tapes, videos, compact discs  *Schedule 4 TOTAL: (Include attachments)   |                         |                                     |                |                         |            |            |                      |         |           |                                 |   |                                 |                     |
|   |                         |                                     |                |                         |            |            |                      |         |           |                                 |   |                                 | 1                   |
| SCHEDULE 5— ALL OT  | HER                     | TAXABLE PE                          | RSONA          | L PROP                  | ERTY (     | Not i      | repor                | ted on  | Sched     | dules 1                         | , 2, 3, or 4)                               |                                 |                     |
| 1   |                         | ldentification                      |                |                         | 3<br>Model | 4<br>Purc  | hased                | No. of  |           | Cost When<br>Purchased          |   | Owner's Opinion of Market Value | 8<br>Assessor's RMV |
| Item of Property  |                         |                                     |                |                         |            | ar Mo. Yr. |                      | Units   | EA        | ACH TOTAL                       |   | TOTAL                           | (leave blank)       |
|   |                         |                                     |                |                         |            |            |                      |         |           |                                 |   |                                 |                     |
|   |                         |                                     |                |                         |            |            |                      |         |           |                                 |   |                                 |                     |
|   |                         |                                     |                |                         |            |            |                      |         |           |                                 |   |                                 |                     |
|   |                         |                                     |                |                         |            |            |                      |         |           |                                 |   |                                 |                     |
|   |                         |                                     |                |                         |            | -          |                      |         |           |                                 |   |                                 |                     |
|   |                         |                                     |                |                         |            |            |                      |         |           |                                 |   |                                 |                     |
|   |                         |                                     |                |                         |            |            |                      |         |           |                                 |   |                                 |                     |
|   |                         |                                     |                |                         |            | -          |                      |         |           |                                 |   |                                 |                     |
|   |                         |                                     |                |                         |            | _          |                      |         |           |                                 |   |                                 |                     |
|   |                         |                                     |                |                         |            |            |                      |         |           |                                 |   |                                 |                     |
|   |                         |                                     |                |                         |            |            |                      |         |           |                                 |   |                                 |                     |
|   |                         |                                     |                |                         |            |            |                      |         |           |                                 |   |                                 |                     |
|   |                         |                                     |                |                         |            |            |                      |         |           |                                 |   |                                 |                     |
|   |                         |                                     |                |                         |            |            |                      |         | 5         | Subtot                          | al All Other                                |                                 |                     |
| <sup>9</sup> Report value of all small hand tools not reported elsewhere on this return (Indicate type)   |                         |                                     |                |                         |            |            |                      |         |           | Owner's Opinion of Market Value | Assessor's RMV<br>(leave blank)             |                                 |                     |
| Barber and Beauty Shop  | )                       | Service 0                           | _              |                         | Medica     | I          |                      | _       | nstruct   |                                 |   | or market value                 | (loave blank)       |
| Radio and TV Shop   |                         | Landscar                            | oe             |                         | Dental     |            |                      | ∐ Ot    | her       |                                 | al Tools —                                  |                                 |                     |
| Improvements on federal lar   | nds, mi                 | ining claims.                       |                |                         |            |            |                      |         |           | , 451016                        | 10013                                       |                                 |                     |
| etc., on which final proof has  |                         |                                     |                | LOCATIO                 | N: Townsh  | nip        |                      | _ Rang  | ge        | Se                              | ction                                       |                                 |                     |
| If Schedule 5 items are repo  | orted or                | n separate attac                    | hments,        | check he                | re:        | S          | chec                 | lule 5  | TOTAL:    | (Includ                         | e attachments)                              |                                 |                     |

#### **GENERAL INFORMATION**

# What other things should I know about filing a personal property tax return?

- 1
  - **First Time Filer**—Submit your original return and attachments to the county assessor. Include only personal property in that county. Complete a separate return for each location in each county in which you have personal property.
- 2 ca
- **2004 Assessment Cancellation**—If your assessment was cancelled last year by your county assessor, and if you have not added any taxable personal property, check the box, **sign and date the Taxpayer's Declaration** and submit the return to your county assessor.
- 3
- **No Property to Report**—If you do not have taxable personal property in the county sending you a return, attach a full explanation. Explain the disposition of property you reported last year. **Sign and date the Taxpayer's Declaration** and send it to the county assessor before the filing deadline.

#### What personal property is taxable?

Taxable personal property includes machinery, equipment, furniture, etc., used previously or presently in a business (including any property not currently being used, property placed in storage, or property held for sale).

### What personal property is not taxable?

- Intangible personal property: Money held at interest, bonds, notes, shares of stock, business records, surveys and designs, and the materials the data is recorded on (paper, tape, film, etc. ORS 307.020).
- Computer software.
- Household goods, furniture, tools and equipment used exclusively for personal use in and around your home (ORS 307.190).
- Inventory held for resale (ORS 307.400).
- Livestock (ORS 307.394).
- Licensed vehicles and equipment other than fixed load and mobile equipment. Examples of taxable fixed load and mobile equipment are shown on the back page (ORS 801.285).
- Farm machinery and equipment used primarily in the preparation of land, planting, raising, cultivating or harvesting farm crops or feeding, breeding, management and sale of, or the produce of, livestock, poultry, fur-bearing animals or bees, dairies, agricultural or horticultural use (ORS 307.394).

#### A Reminder . . .

# What reporting date should I use for the information requested on this return?

This return must show all taxable personal property which you own, possess, or control as of 1:00 A.M., January 1 (ORS 308.250).

#### When should I file?

File personal property returns with your county assessor on or before March 1. In special situations, the assessor may grant an extension if you submit your reasons in writing to the assessor. Your request must be received on or before the March 1 filing date (ORS 308.290).

#### What if I file late?

The penalty is **5 percent** of the tax owed if the return is filed after March 1, but on or before June 1. The penalty increases to **25 percent** of the tax owed if the return is filed after June 1, but on or before August 1. After **August 1**, the penalty is **50 percent** of the tax owed (ORS 308.296).

## What happens if I falsify the information on the return?

Any person who furnishes false information is subject to the criminal penalty provisions of ORS 305.990(4).

# What happens after the return is filed with the county assessor?

Your return will assist the assessor in the assessment of your personal property. In some cases an appraiser may inspect your property. Your return will remain a confidential record at all times. After October 25 you will receive a tax statement showing the value of your personal property and the amount of tax due.

#### When do these taxes become my responsibility?

On July 1 personal property taxes become a lien against the assessed property and any taxable personal property owned or in possession of the person in whose name the property is assessed. The taxes are a debt due and owed by the owner of the personal property (ORS 311.405(4)).

Keep a photocopy and these instructions for your records.

#### INSTRUCTIONS FOR COMPLETING PERSONAL PROPERTY RETURN FORMS

At your request, the assessor's office will assist you in completing this return.

#### Schedule One—Leased or rented personal property

# REPORT ALL LEASED OR RENTED ITEMS AS OF JANUARY 1.

If you do not lease equipment to or from others, write "None" in Schedule 1.

**Equipment leased to others:** Attach a list showing name and address of lessee, description, date of acquisition, and original cost. If manufacturer, report at real market value, rather than manufactured cost.

**Equipment leased from others:** Attach a list showing name and address of lessor, description, date of acquisition, and original cost. If original cost is not known, give length of lease and amount of the monthly payment. Advise if capitalized and included with other assets to avoid duplicate assessment.

Item 3: Who is responsible for paying the tax to the county? Check either the filer of this return or the second party listed in column 3, in Schedule 1 box.

# Schedule Two—Noninventory supplies

**Report total cost on hand as of January 1,** of any taxable item which will not become part of finished goods or which will not be directly sold to customers. For example:

General Office Supplies: Copy paper, envelopes, pens, stationary, etc. Maintenance Supplies: Cleaning supplies, axle grease, etc. Operating Supplies: Straws, paper cups, sacks, gasoline, diesel, etc. Spare Parts: Repair parts, computer parts, automotive parts, etc. Other Noninventory Supplies: Items not covered by the other categories.

#### Schedule Three—Floating property

Enter the information as requested. **Do not include** personal licensed boats used only for personal use. Report floating homes, docks, and boathouses on this form.

#### All other vessels

Report houseboats (self-propelled) used in rental businesses and other required floating vessels.

#### **Schedule Four—Libraries**

Report all professional libraries in this schedule format. All items should be listed on a separate page. Libraries include, but would not be limited to, those held by accountants, architects, attorneys, consultants, doctors, health science professionals, other science professionals, surveyors and title companies. Electronic, mechanical and other technical professionals should also use this schedule.

- Enter type of library media (books, electronic media, compact discs, tapes, videos, etc. If "None," explain).
- Enter the title of the reported book or set.
- 3/4. If the item reported is a multiple volume set, check the yes or no column to indicate if the set is complete or not.
- Enter the number of volumes. If a set, enter the number you have, not the number of the original set.
- Enter cost when purchased.
- Enter the best possible estimate of the real market value for each item as of January 1. Reporters of law books should report the value as determined from the schedule published by the Oregon Department of Revenue in cooperation with the Oregon State Bar Association.
- Leave blank.

### Schedule Five—All other taxable personal property

Report all items not reported elsewhere on this return.

- Enter property item by description, make, brand name, etc., in order by acquisition date.
- Identify by model, size, capacity, etc.
- Enter year of manufacture (for heavy logging and construction equipment enter serial number in column 2 if year of manufacture is unavailable. For other types of equipment enter your best estimate of manufacture date).
- Enter month and year you purchased item.
- 5. Enter number of items of same description (model, size, age).
- 6. Enter your cost (each, total).
- 7. Enter your best estimate of the real market value as of January 1 by item and total.
- 8. Leave blank.
- Report value of all small handtools not reported elsewhere on this return. Include estimate of real market value.

### DO NOT REPORT LEASED EQUIPMENT ON SCHEDULE 5.

ATTACHMENTS. Complete itemized listings are acceptable. Please check the box indicated in each applicable schedule if these attachments are included. Values reported on this return are not binding on the assessor.

# **Examples of Taxable Personal Property to be Reported on this Return**

#### This is not a complete list

Air conditioners Aircraft equipment Amusement devices Appliances – free standing Art work ATM machines-portable Auto diagnostic electric Auto repair equipment Backbars Bakery equipment Bank vaults (doors) Barber shop equipment

Battery chargers Beauty shop equipment Bowling equipment Bulk plant equipment Butcher shop equipment Cabinet shop equipment Cable TV systems Calculators

Cameras Car wash equipment Cash register Chain saws Chairs

Child care furniture Coin-op laundry equipment Computers

Construction tools

Copiers

Costume/tuxedo rentals

Decor Dental equipment

Desks Dictation equipment

Dies

Dry cleaning equipment

Dryers

Electronic mfg. equipment Fiberglass/boat molds

Filing cabinets Fish processing equipment

Fitness equipment Foster home furniture and supply

Frozen food cabinets Golf carts

Golf course equipment Grocery store equipment Handpieces (dental) Heavy equipment Hospital equipment

Hotel furniture/fixtures Ice cream machines Ice making machines

Juke boxes

Landscaping equipment

Laser equipment Lathes

Libraries Lift trucks Linens

Logging equipment Machine shop equipment Manufacturing – general Meat processing equipment Medical lab equipment Medical office equipment Mining equipment Mobile radio/phones Mobile yard equipment

Modular offices

Molds

Movie production equipment Motel furniture/fixtures Musical instrument rentals Newspaper equipment

Nursing home equipment Office fixtures Office furniture Office machines Pallet jacks Pallets/bins/crates Pay phones (leased) Photographic equipment Pinball machines

Popcorn machines Printing equipment Professional equipment

Pool tables

Radio and TV broadcast Radio & TV repair equipment Recording studio equipment

Rental equipment Restaurant equipment Retail store fixtures

Road construction equipment

Safe deposit boxes

Safes

Satellite dish relays Saw mills-portable Scanners

Scientific equipment Service station equipment Sewing/apparel equipment Shake mills-portable Sheet metal fabrication

Shelving

Shingle mills-portable Signs

Small tools (mechanics) Small tools (medical) Soft drink equipment Steam cleaners Survey equipment Tanning equipment

Tavern equipment Telephone systems Testing equipment Theatre/projection Tire recapping equipment Tool boxes

Tractors TV sets Typewriters Unlicensed vehicles Utility trailers-unlicensed VCRs

Vending carts Vending machines Ventilating fans Video cases Video games

Video recording equipment Video tape rental equipment Walk-in coolers Warehouse equipment

Washers

Winery equipment Woodworking equipment

Workbenches X-ray equipment

#### FIXED LOAD AND MOBILE EQUIPMENT

Air compressors

Air drills

Asphalt/rock crushing plants

Asphalt spreaders

Backhoes

Bituminous mixer Bituminous plants Bituminous spreaders

Bucket loaders Cement mixers Concrete batch plants

Cranes Crawlers Ditchers

Earthmoving equipment

Electric generators

Excavators Fork lifts Front end loaders

High lifts Levelling graders Lighting plants Mixmobiles Motor graders Paving equipment Portable storage bins Portable storage tanks

Power plants Rotary screens Sand classifiers Scrap metal balers

Scrapers Skidders Tractors

Welding equipment

Yarders