

Gregory S. Brown, CFA  
 Santa Rosa County Property Appraiser  
 6485 Caroline St., STE H  
 Milton, FL 32578

TANGIBLE PERSON

CONFIDENTIAL

Return to property

Enter your account number, name, and address below. Mail this form to your County Property Appraiser.

Account number

Name and address

Business name (DBA)

Federal Employer  
 Identification Number

If name and address is incorrect, please make needed corrections.

1. Owner or person in charge Business/corporate name: _____ Phone: _____	8. Type or nature of your business Trade levels (check all that apply) <input type="checkbox"/> Manufacturing <input type="checkbox"/> Prof <input type="checkbox"/> Leasing/rental <input type="checkbox"/> Other
2. Physical location (no-PO Box)	7. Did you file a TFP return in Name and location
3. Do you file a TFP tax return under any other name? <input type="checkbox"/> Yes <input type="checkbox"/> No Name on most recent return or tax bill	6. Former owner of business If sold, to whom?
4. Did you begin business in this county?	
5. Fiscal year and date If before 1/2011 last year, does this return reflect additional/deductions through Dec 31/11? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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.	Taxpayer's Estimate of Fair Market Value	Code
10 Office furniture, office machines, and library		
11 ECP equipment, computers, and word processors		
12 Stoves, bar and lounge, and restaurant furniture, equipment, etc.		
13 Machinery and manufacturing equipment		
14 Farms, groves, and dairy equipment		
15 Professional, medical, dental, and laboratory equipment		
16 Hotel, motel, and apartment complex		
16a Rental units (stove, refrigerator, furniture, drapes, and appliances)		
17 Mobile home attachments (garage, utility building, cabana, porch, etc.)		
18 Service station and bulk plant equipment (under ground tanks, lifts, bays)		
19 Signs (billboard, pole, wall, portable, directional, etc.)		
20 Leasehold improvements - grouped by type, year of installation, and description		
21 Pollution control equipment		
22 Equipment owned by you but rented, leased or held by others		
23 Supplies not held for resale		
24 Other - specify: _____		
<b>TOTAL PERSONAL PROPERTY</b>		

I declare I have read this tax return and the accompanying schedules and statements. The facts in them are true. If prepared by someone other than the taxpayer, the preparer signing this return certifies that this declaration is based on all information he or she has knowledge of.

Signature Taxpayer	Print name	Title	Date	<input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15
Signature Preparer	Print name	Preparer ID	Date	<input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20

**TANGIBLE PERSONAL PROPERTY T****CONFIDENTIAL**

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Return to property appraiser by April 15

County  Tax

Business name (DBA-Doing Business As) and T

Federal Employer  
Identification Number -NAICS 

1. Type or nature of your business

- Trade levels (check all that apply)  Retail
- Manufacturing  Professional  Service
- Leasing/rental  Other, specify: \_\_\_\_\_

2. Did you file a TFP return in this county last year?

Name and  
location

3. Former owner of business

4. If sold, to whom? Date of

Taxpayer's Estimate of Fair Market Value	Original Installed Cost	P Appr

5a. The facts imprint edge of.		<input type="checkbox"/> 80% Old	Less Exemptions
		<input type="checkbox"/> Reduced	
		<input type="checkbox"/> Blind	Taxable Value
		<input type="checkbox"/> Total disability	Penalties
		<input type="checkbox"/> Other, specify _____	