

Kenneth M. Wilkinson, C.F.A.
 Lee County Property Appraiser
 P. O. Box 1546
 Fort Myers, Florida 33902
 phone (239) 533-6140
 fax (239) 533-6289

Tangible Personal Property Tax Return
 Confidential §§ 193.074 F.S.
 As Required by §§193.052 & 193.062 F.S. Return to
 County Property Appraiser By April 1 to Avoid Penalties
State of Florida, County of Lee,

PLEASE COMPLETE AND RETURN THIS FORM IN ITS ENTIRETY

PERSONAL PROPERTY TAX RETURN	SECTION B: Complete this section if, and only if, this residence is used as a rental property.	THIS FORM MUST BE RETURNED BY APRIL 1 TO AVOID PENALTIES																																																																																																																																					
<p>Please complete the following:</p> <p>1. Name and Address of owner or person in charge of this property: Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ <input type="checkbox"/> Check here if above is a permanent address change.</p> <p>2. Address of physical location of this property: _____ _____</p> <p>3. Is this property being used as a rental? Yes _____ (complete SECTION B) No _____ (complete SECTION A)</p> <p>4. If this property is not being used as a rental, did you or will you apply for Homestead exemption this year? Yes _____ No _____</p> <p>5. Please indicate the type(s) of property you are reporting: <input type="checkbox"/> Single Family/Townhouse <input type="checkbox"/> Condominium <input type="checkbox"/> Duplex/Triplex/Quad <input type="checkbox"/> Co-op <input type="checkbox"/> Multi-Family <input type="checkbox"/> Mobile Home</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">CLASS OR ITEM</th> <th rowspan="2">QTY</th> <th rowspan="2">AGE</th> <th rowspan="2">P Y U E R A C R H.</th> <th rowspan="2">ORIGINAL INSTALLED COST</th> <th colspan="3">TAXPAYER'S ESTIMATE OF CONDITION</th> <th rowspan="2">TAXPAYER'S ESTIMATE OF FAIR MARKET VALUE</th> <th rowspan="2">APPRAISER'S USE ONLY</th> </tr> <tr> <th>Good</th> <th>Avg.</th> <th>Poor</th> </tr> </thead> <tbody> <tr><td>Stove</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Microwave Oven</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Refrigerator</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Washer/Dryer</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Housewares/Linens</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Furniture</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Draperies/Blinds</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Television</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Dishwasher</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Garbage Disposal</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Window A/C</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td colspan="5" style="text-align: center;">TOTAL PERSONAL PROPERTY</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>I hereby certify that the information and valuations stated above by me are true, correct and complete to the best of my knowledge and belief. If prepared by someone other than the taxpayer, their declaration is based on all information of which they have any knowledge.</p> <p>SIGNED: _____ PREPARER DATE: _____ SIGNED: _____ TAXPAYER DEPUTY: _____ PENALTY %: _____</p>	CLASS OR ITEM	QTY	AGE	P Y U E R A C R H.	ORIGINAL INSTALLED COST	TAXPAYER'S ESTIMATE OF CONDITION			TAXPAYER'S ESTIMATE OF FAIR MARKET VALUE	APPRAISER'S USE ONLY	Good	Avg.	Poor	Stove										Microwave Oven										Refrigerator										Washer/Dryer										Housewares/Linens										Furniture										Draperies/Blinds										Television										Dishwasher										Garbage Disposal										Window A/C										TOTAL PERSONAL PROPERTY										<p>SECTION A: Complete this section if the residence identified by this tax return is not used as a rental. DO NOT complete Section B. I certify the foregoing statement to be true, correct and complete to the best of my knowledge and belief.</p> <p style="text-align: center;">SIGNED: _____ DATE: _____</p>
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INSTRUCTIONS FOR COMPLETION ON REVERSE SIDE

You can file your Tangible Rental Return On-Line at www.leepa.org

GENERAL INSTRUCTIONS FOR COMPLETING THE TANGIBLE PERSONAL PROPERTY RENTAL FORM

The absence of Homestead exemption on this property indicates that the premises may be used as a rental. Therefore, this form is being mailed to you to verify the status of this property as it relates to the tax assessment of tangible personal property in the State of Florida.

This return is intended for the sole purpose of reporting household furnishings, appliances and personal effects provided and located in rental units. Such are subject to ad Valorem property tax assessment. However, such personal property used exclusively by the owner and/or his legal dependents IS NOT taxable.

Special attention should be given to question #3 in the questionnaire.

Please print or type except for signature. Round all figures to the nearest whole dollar. If any schedule has insufficient space, please attach a separate sheet.

If your property was not rented or available for rent as of *January 1* of this year, simply complete **SECTION A** on the front and return to this office.

Your assistance in helping this office comply with its statutory requirements is appreciated.

SECTION A:

Sign and date this section if the residence identified here IS NOT used as a rental. **Do not complete SECTION B.**

SECTION B:

Fill out the schedule in **SECTION B** if the residence identified here is used as a rental. Report all appliances, including those built-in, as they are considered tangible personal property and are not included in your real estate assessment.

If you do not know the original cost of the appliance or furnishing, it is acceptable to fill out the "Taxpayers Estimate of Fair Market Value" column. A "0" value is not acceptable. The equipment or asset will have some value as long as it is in use.

If *all* furnishings, including appliances, are supplied by your tenant, state this fact in **SECTION B** of the return. You are subject to assessment only on the property you own and furnish to your tenants.

The front of this return must be complete in its entirety. The phrase "*same as last year*", or similar wording, IS NOT sufficient.

List separately any property physically removed during last year.

Sign and return this form in its entirety to the Lee County Property Appraiser's Office *by April 1* to avoid penalties as specified below. Use first-class postage.

INFORMATION REGARDING THE TAX LAWS OF THE STATE OF FLORIDA

§192.042 F.S. - DATE OF ASSESSMENT - January 1

§193.062 F.S. - DATE OF FILING RETURNS - April 1

§193.073 F.S. - PENALTIES - For failure to file a return, 25% for the total tax levied against the property for each year that no return is filed; for filing after the due date, 5% of the total tax levied against the property covered by that return for each year, for each month, or portion thereof, that a return is filed after the due date, but *not to exceed 25%* of the total tax; for unlisted property, 15% of the tax attributable to the omitted property. *This form is not intended for use by public lodging establishments as defined in F.S. 509.13*

FORWARD COMPLETED RETURN TO:

LEE COUNTY PROPERTY APPRAISER
ATTN: TANGIBLE DEPARTMENT
P. O. BOX 1546
FORT MYERS, FL 33902-1546

IF YOU HAVE QUESTIONS OR NEED ASSISTANCE, PLEASE CONTACT THIS OFFICE AT (239) 533-6140, MONDAY THROUGH FRIDAY, 8:30 AM - 5:00 PM.

You can file your Tangible Rental Return On-Line at www.leepa.org