

BOB HENRIQUEZ  
 HILLSBOROUGH COUNTY PROPERTY APPRAISER  
 311 PAULS DR  
 TAMPA, FL 33511

**TANGIBLE PERSONAL PROPERTY TAX RETURN**

CONFIDENTIAL

DR-405, R. 12/11  
 Rule 12D-16.002, F.A.C.

Return to property appraiser by **April 1** to avoid penalty.  
**Hillsborough County, Florida** Tax year **2017**

Business name (DBA-Doing Business As) and mailing address:

Sample Florida DR-405  
 DBA Apples 'N Oranges, Inc.  
 123 Washington Ave  
 2nd address line  
 Orlando, FL 33333

Federal Employer Identification Number **73-9876543**  
 NAICS **123456**

Account number 3923391367   
 Line 1 info  
 Line 2 other  
 Line 3 other  
 Line 4 other  
 Line 5 other  
 Line 6 other

If name and address is incorrect please make needed corrections.

1. Owner or person in charge: <u>Mark Johnson</u> Business/corporate name: <u>Sample Florida DR-405</u>	Phone: <u>(918) 252-1157 Ext 123456</u>	6. Type or nature of your business: <u>software engineering 12345</u> and also contract software development stuff 12345
2. Physical location (no PO Boxes): <u>123 some address</u>	3. Do you file a TPP tax return under any other name? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Name on most recent return or tax bill: The other name I used on my most recent PP bill	Trade levels (check all that apply): <input checked="" type="checkbox"/> Retail <input type="checkbox"/> Wholesale <input type="checkbox"/> Manufacturing <input checked="" type="checkbox"/> Professional <input checked="" type="checkbox"/> Service <input type="checkbox"/> Agriculture <input type="checkbox"/> Leasing/rental <input type="checkbox"/> Other, specify: _____
4. Date you began business in this county: <u>03/14/1990</u>	5. Fiscal year end date: <u>06/30/2016</u> If before 12/31 last year, does this return reflect additions/deletions through Dec 31? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Did you file a TPP return in this county last year? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Name and location: <u>under this different name</u> <u>in some other place, some other city, county</u>
8. Former owner of business: <u>Former Business owner name 123</u>	9. If sold, to whom? <u>Fred Barnes - 123 some street. Orlando FL</u> Date sold: <u>10/09/2014</u>	

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	Original Installed Cost	For Property Appraiser Use Only
10	Office furniture and office machines and library	1,931	2,800	
11	EDP equipment, computers, word processors	690	1,000	
12	Store, bar and lounge, and restaurant furniture, equipment, etc.	6,350	15,400	
13	Machinery and manufacturing equipment	22,000	42,500	
14	Farm, grove, and dairy equipment			
15	Professional, medical, dental & laboratory equipment			
16	Hotel, motel, and apartment complex			
16a	Rental units (stove, refrigerator., furniture, drapes and appliances)	276	1,150	
17	Mobile home attachments (carport, utility building, cabana, porch, etc.)			
18	Service station and bulk plant equipment (underground tanks, lifts, tools)			
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	8,600	12,500	
23	Supplies not held for resale	300	450	
24	Other, specify:			
<b>TOTAL PERSONAL PROPERTY</b>		<b>40,147</b>	<b>75,800</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.				<input type="checkbox"/> \$25,000	Less Exemptions
Signature taxpayer: <u>Marvin Edwards</u> Print name: <u>Marvin Edwards</u> Title: <u>President</u> Date: <u>04/10/2017</u>				<input type="checkbox"/> Widowed	
Signature preparer: <u>John Doe</u> Print name: <u>John Doe</u> Preparer ID: <u>1234567</u> Date: <u>04/10/2017</u>				<input type="checkbox"/> Blind	Taxable Value
Address: <u>John Doe Company</u> <u>123 CPA Avenue</u> <u>Accountant City, OK 55555</u>				<input type="checkbox"/> Total disability	Penalties
<u>(918) 555-1212 Ext 1234</u> Phone: _____				<input type="checkbox"/> Other, specify _____	
				Signature, deputy	Date

Sign and date your return, send the original to the county property appraiser's office by April 1. Unsigned returns cannot be accepted by the appraiser's office.  
 If you are entitled to a widow's, widower's or disability exemption on personal property (not already claimed on real estate) consult your appraiser.