CONFIDENTIAL

BUSINESS PERSONAL PROPERTY RENDITION OF TAXABLE PROPERTY

January 1, 2018

Other *

Company name



| | Appraisal District Name, Address and Phone # | | | | | | | |
|---|--|------------------------------------|----------|--|--|--|--|--|
| Ī | Name: | Anderson County Appraisal District | | | | | | |
| | Addres: | Box 279 | | | | | | |
| | | Palestine, TX 75802-0279 | | | | | | |
| | | | | | | | | |
| | Phone # | 903-723-5990 | | | | | | |
| t | Property / Account Number | | Tax Year | | | | | |
| ı | ABC54321XYZ | | 2018 | | | | | |
| | <u>L</u> | | | | | | | |

Preparer phone #

This document must be filed with the appraisal district office in the county in which your property is taxable. It must not be filed with the office of the Comptroller of Public Accounts. Location and address information for appraisal district offices may be found on the Comptroller's website. See important information regarding deadlines on page 4.

| appraisal district offices may be found on the Comptroller's deadlines on page 4. | website. See important ii | nformation regarding | ABC54321XYZ | | 2018 | | | | |
|---|--|---|-------------|--------------------|-----------|--|--|--|--|
| Does one or more taxing units located in the county exempt freeport property under Tax Code Section 11 .251? X Yes (rendition is due 4/1) No (rendition is due 4/15) | | | | | | | | | |
| Please indicate if you are filling out this form as X Owner, employee, or employee of an affiliated entity of the owner Authorized Agent X Fiduciary Secured Party | | | | | | | | | |
| Owner's Name: | Bι | isiness Name: | | | | | | | |
| Tim Travis | | Sample Texas Generic County | | | | | | | |
| Owner's Mailing Address, City, State, ZIP Code: | Bι | Business Mailing Address, City, State, Zip Code: | | | | | | | |
| 555 W Minster Rd, Palestine, TX 75802-0279 | | 123 Some Lane, Palesine, TX 75802-0279 | | | | | | | |
| Owner's Phone (area code and number) and Fax Number | *: Bı | Business Property Location Address, City, State, ZIP Code: | | | | | | | |
| (555) 555-5555 - Fax: (666) 666-6666 | | 123 Some Lane, Palesine, TX 75802-0279 | | | | | | | |
| Authorized Agent, Fiduciary or Secured Party Name (if fill John Doe Company (John Doe) | ed out by) | Business Phone (area code and number) and Fax Number*: (555) 555-5555 - Fax: (666) 666-6666 | | | | | | | |
| Agent, Fiduciary or Secured Party Address, City, State, Zl | P Code: De | ode: Description of Business: * | | | | | | | |
| 123 CPA Avenue, Accountant City, OK 55555 | | Gadgets and widgets | | | | | | | |
| Agent, Fiduciary or Secured Party Phone and Fax Number (918) 555-1212 Ext 1234 - Fax: (918) 111-5555 | | uare Footage * 3,500 | <u> </u> | Sales Tax Permit N | Number: * | | | | |
| Business Type: * Ownership Type: * | | eneral Description of | | | | | | | |
| Corporation | | Computers, furnitu | | | | | | | |
| Are you a secured party with a security interest in the property subject to this rendition and with a historical cost new of more than \$50,000 as defined and required by Tax Code Section 22.01(c-1) and (c-2)? | | | | | | | | | |
| By checking this box, I affirm that the information contained in the most recent statement filed for a prior tax year (the 2017 tax year) continues to be complete and accurate for the current tax year. | | | | | | | | | |
| Business Information (All Optional): Please address all that apply. Business is new. Business was sold. Date sold: Name, address and phone number of buyer: | | | | | | | | | |
| Business closed. Date closed: If the business closed, did assets remain in place as of Jan. 1? Yes No | | | | | | | | | |
| Business moved. Date moved: New address: | | | | | | | | | |
| Date Business Started: 04/05/2005 Tax District Co | de: | Number of Employe | es: 22 Bus | Code SIC/NAICS | 54783 | | | | |
| Check the total market value of your property. f you checked Under \$20,000, complete only Schedule A and it Otherwise, complete Schedule(s) B, C and/or D, whichever are applicable. | \$20,000 or more applicable, Schedule D. | | | | | | | | |
| When required by the chief appraiser, you must render any taxable property that you own or manage and control as a fiduciary on January 1. [Tax Code Section 22.01(b)] For this type of property, complete Schedule(s) A, B, and/or C, whichever are applicable. Enter here the name and address of owners of property you manage or control as a fiduciary. | | | | | | | | | |
| Benny Hamilton, 123 Some Street, Some City, (123) 555-1212, various computers. 2nd entity, 2nd address, 2nd phone number, 2nd items. | | | | | | | | | |
| 25, 1.8 | | | | | | | | | |
| When required by the chief appraiser, you must file a report listing the name and address of each owner of property that is in your possession or under your management on Jan. 1 by pailment, lease, consignment, or other arrangement. [Tax Code Section 22.04(a)] For this type of property, complete Schedule D. | | | | | | | | | |
| This form must be signed and dated. By signing this document, you attest that the information contained on it is true and correct to the best of your knowledge and belief. If you are a secured party, property owner, an employee of the property owner, or an employee of a property owner on behalf of an affiliated entiry of the property owner, print, sign and tale on the lines. No notorization is required. | | | | | | | | | |
| orint nere > | sign here > | | | Date | | | | | |
| f you are not a secured party, property owner, an employee of the property owner, or an employee of a property owner on behalf of an affiliated entiry of the property owner, print, sign and date on the lines below. Notorization is required. I swear that the information provided on this form is true and correct to the best of my knowledge and belief. | | | | | | | | | |
| orint here > John Doe | sign here > | | [| Date 01/11/2018 | 3 | | | | |
| | Subscribed and swo | rn before me this | day of _ | | , 20 | | | | |
| Notary Public, State of Texas My commission expires: | | | | | | | | | |
| If you make a false statement on this form, you could be found quilty of a Class A misdemeanor or a state iail felony under Penal Code Section 37.10. | | | | | | | | | |

if you make a false statement on this form, you could be found guilty of a Class A misdemeanor of a state jail relong under Penal Code Section 37.10

Preparer if other than owner taxpayer or agent