

16/20M TRUCKS

___ TAX YEAR, DOUGLAS COUNTY, KANSAS
TANGIBLE PERSONAL PROPERTY RETURN
DO NOT THROW AWAY

ST
TAX UNIT:

Douglas County Appraiser's Office - Personal Property
1100 Massachusetts St Unit 1
Lawrence, KS 66044
(785) 832-5289



AIN:



NOTICE: Every person who owns or holds tangible personal property shall list said property for assessment. Property held, and taxable to others, shall be listed with the appraiser in the name of the owner thereof.

K.S.A. 79-303: Every person who owns or holds tangible personal property shall list said property for assessment. Property held, and taxable to others, shall be listed with the appraiser in the name of the owner thereof.

K.S.A. 79-306: **Must be filed by March 15th**

K.S.A. 79-1422: Penalty for late filing: 5% every month up to a maximum of 25% within one year.

K.S.A. 79-1422: Penalty for failure to file: 50%

OFFICE USE ONLY

Action	Date	Initials
Proofed		
NSU or Delete		
Reviewed		

_____ Date business began in Kansas

Business Name (If different) _____

Business Mailing Address (If different) _____

Location of Property on 1-1-2014 _____

Federal Tax ID# _____ Daytime Phone Number _____

Incorporated? Yes _____ No _____

Type of Business _____

Fax Number _____

Email Address _____

**** PLEASE REFER TO INSTRUCTIONS FOR ASSISTANCE IN COMPLETING THIS FORM.**

NOTICE: Pursuant to K.S.A. 79-306, and amendments thereto, THIS STATEMENT MUST BE SIGNED BY THE OWNER or the person who is required by K.S.A. 79-303, and amendments thereto, to list personal property on behalf of the owner. (If prepared by a tax preparer, that signature is also required.)

CHECK BOXES THAT APPLY

SIGNATURE REQUIRED BELOW

<input type="checkbox"/>	I DO HEREBY CERTIFY this list to be a true and correct list of all taxable personal property held or controlled by me in Douglas County on 1-1-2014.	By: Owner	Date:
<input type="checkbox"/>	I DO HEREBY CERTIFY that I did not own or control any taxable personal property in Douglas County on 1-1-2014.	By: Other (Relationship to Owner)	Date:
	Date Sold: _____	By: Tax Rendition Preparer	Date:

**SCHEDULE 8: LEASED EQUIPMENT/RENTED/BORROWED/LOANED/STORED OR OTHERWISE HELD
DO NOT LIST ANY EQUIPMENT OWNED BY YOUR BUSINESS ON THIS SCHEDULE.
ATTACH COPY OF ALL LEASE/RENT AGREEMENTS.**

Item Name	Owner	Address & Phone	Cost	Lease Begin Date	Lease End Date



