

Assessment of Business: Furniture, Fixtures, Equipment, Floating Property, and Leased or Rented Property

ATTENTION: If you did not receive a tax bill last year because your total assessed value was below \$19,000, you may not have to complete this entire form. See General information #2.

Penalty—Maximum penalty for late filing of personal property return is 50 percent of the tax attributable to the taxable personal property (ORS 308.296).

Account number Code area

For assessor's use only

1. Leased or rented property
2. Noninventory supplies
3. Floating property
4. Libraries
5. All other property
6.
7. Total real market value
8. Late filing penalty

Make any name or mailing address corrections above.
This return is subject to audit.

Location of personal property on January 1, 2021.
File a separate return for each tax code area or location. Attach a separate listing if needed.
Personal property location (street address, city)

Date business originated in county Type of business
Was a return filed last year? Yes County No

First-time filer, see General information no. 1
If your total assessed value was below \$19,000 last year, see General information no. 2. Doesn't apply to first time filers.
Logging exemption in previous year Logging exemption in County (See General information no. 4)

Remember to sign the Taxpayer's declaration at right

No personal property to report (See General information no. 3.)
Business closed? Date closed:
Business sold? Date of sale:
Moved out of county? Date moved:
New address:
Name and address of new owner (if business sold)

Sign if we MAY NOT FORWARD current property list to new owner.
Signature
X

Multiple locations within this county (See General information no. 5.)
Business name: Business location:

Taxpayer's declaration
Invalid if not signed. Under the penalties described in ORS 305.990(4), I affirm that I have examined this return and all attachments. All statements made are true. To the best of my knowledge, all taxable personal property I own, possess, or control, which was in this county as of 1:00 A.M., January 1 has been reported.
Name of firm/owner
E-mail address
Assumed business name of firm assessed Telephone no.
Mailing address Fax no.
City State ZIP code
Signature of person responsible for return Invalid if not signed Date
X
Printed name of person signing return Title
Person completing return Telephone no.
This return is being filed for:
An individual A partnership (No. of persons)
A corporation A limited partnership
A limited liability company A limited liability partnership
Attach a separate list of names and addresses of each individual partner for corporations, LLCs, LLPs, and partnerships.
(Attach separate sheet if necessary)

Submit your original return and attachments to your county assessor. Keep a photocopy and the attached instructions for your records.

Schedule 1—Leased or rented personal property (Don't report real property. Enter "None" if no personal property to report.)
Table with 11 columns: 1 Name and address of Second party involved in lease/rent agreement, 2 Description (include model year), 3 Payer of taxes to county (Lessor/Lessee), 4 Amount of lease/rent (Month/Yearly), 5 Date agreement began, 6 Length of agreement, 7 No. of units, 8 Original cost (Each/Total), 9 Owner's opinion of real market value (Total), 10 Assessor's RMV (leave blank)

If Schedule 1 items are reported on separate attachments, check here: Schedule 1 total: (Include attachments)

Filing deadline for this return is March 15, 2021

Schedule 2 – Noninventory supplies (See instructions for examples.)

Report total cost on hand as of January 1

Report total cost on hand as of January 1					Assessor's RMV (leave blank)
1	2	3	4	5	
General office supplies	Maintenance supplies	Operating supplies	Spare parts	Other noninventory supplies	

If Schedule 2 items are reported on separate attachments, check here: **Schedule 2 total:** (Include attachments)

Schedule 3 – Floating property (Include docks and pilings. Enter "None" if no property to report.)

Registration no.	Oregon Marine Board no.	Date purchased	Purchase price \$	Owner's opinion of real market value	Assessor's RMV (leave blank)
Own: <input type="checkbox"/> Fee simple <input type="checkbox"/> Contract		Contract holder:		Exact moorage location on January 1	
If you have remodeled your floating property during the past year, please describe in the space to the right. (This may include a room or story addition, stringer replacement, or acquisition of a tender house or swim float.) Also report partially completed structures. Approximate date of remodeling: _____					
All other vessels Does this vessel ply the high seas? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Registration no.	Date purchased	Purchase price \$	Name of vessel		
Primary moorage		Length of vessel	Type of fishing or activity		
If Schedule 3 items are reported on separate attachments, check here: <input type="checkbox"/> Schedule 3 total: (Include attachments)					

Schedule 4 – Professional libraries (Use this format and report on a separate sheet. Enter "None" if no property to report.)

1 Type of library*	2 Title of book or set	3 If set, is it complete?		5 Number of volumes	6 Cost when purchased	7 Owner's opinion of real market value Total	8 Assessor's RMV (leave blank)
		3 No	4 Yes				
*For example, books, tapes, videos, compact discs							
Schedule 4 total: (Include attachments)							

Schedule 5A – All other taxable personal property (Include all items not reported on schedules 1, 2, 3, or 4. Report any added or deleted items.)

1 Item of property	2 Identification (manufacturer and serial no.)	3 N=New U=Used	4 Manuf. year	5 Purchased		6 No. of units	7 Cost when purchased		8 Owner's opinion of real market value Total	9 Assessor's RMV (leave blank)
				Mo.	Yr.		Each	Total		
Sample Item	Brand Name/123456789	N	2010	6	10	2	150	300	300	
(Attach separate sheet if necessary)										
Subtotal 5A →										

Schedule 5B – Small hand tools (Not reported elsewhere on this return; indicate type.)

Owner's opinion of real market value	Assessor's RMV (leave blank)
List business type, (dealership, service garage, dental, medical, beauty/barber shop, landscape etc.): _____	
Who is responsible for taxes? <input type="checkbox"/> Company/Owner <input type="checkbox"/> Employee	
Please provide contact information _____	
Subtotal 5B →	
If Schedule 5 items are reported on separate attachments, check here: <input type="checkbox"/> Schedule 5 total (A+B): (Include attachments)	

Improvements on federal lands, mining claims, etc., on which final proof has not yet been made: Location: Township _____ Range _____ Section _____

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