

Filling Out The Business Personal Property Rendition Form - A Guide

STEP 1

Verify that the Property ID is Correct.

STEP 1: Business and Situs Information (Required)

Business Owner Name & Address

**BELLCAD TEST 1
PO BOX 390
BELTON TX 76513**

Property ID: 500638
Geo ID (Optional): 00000000
Phone (area code and number):
Email Address:
Legal Description (Optional): Testing

Business Name: Test
Property Location Address, City, State, ZIP Code: 411 E Central Ave TX
Ownership Type (Optional): Individual Corporation Partnership Other

Verify that the Business Owner Name & Address is correct.

STEP 1: Business and Situs Information (Required)

Business Owner Name & Address

**BELLCAD TEST 1
PO BOX 390
BELTON TX 76513**

Property ID: 500638
Geo ID (Optional): 00000000
Phone (area code and number):
Email Address:
Legal Description (Optional): Testing

Business Name: Test
Property Location Address, City, State, ZIP Code: 411 E Central Ave TX
Ownership Type (Optional): Individual Corporation Partnership Other

Verify that the Business Name is correct.

STEP 1: Business and Situs Information (Required)

Business Owner Name & Address

**BELLCAD TEST 1
PO BOX 390
BELTON TX 76513**

Property ID: 500638
Geo ID (Optional): 00000000
Phone (area code and number):
Email Address:
Legal Description (Optional): Testing

Business Name: Test
Property Location Address, City, State, ZIP Code: 411 E Central Ave TX
Ownership Type (Optional): Individual Corporation Partnership Other

Please provide a working phone number and email address.

STEP 1: Business and Situs Information (Required)

Business Owner Name & Address

**BELLCAD TEST 1
PO BOX 390
BELTON TX 76513**

Property ID: 500638
Geo ID (Optional): 00000000
Phone (area code and number):
Email Address:
Legal Description (Optional): Testing

Business Name: Test
Property Location Address, City, State, ZIP Code: 411 E Central Ave TX
Ownership Type (Optional): Individual Corporation Partnership Other

Verify the physical location of the business.

STEP 1: Business and Situs Information (Required)

Business Owner Name & Address

**BELLCAD TEST 1
PO BOX 390
BELTON TX 76513**

Property ID: 500638
Geo ID (Optional): 00000000
Phone (area code and number):
Email Address:
Legal Description (Optional): Testing

Business Name: Test
Property Location Address, City, State, ZIP Code: 411 E Central Ave TX
Ownership Type (Optional): Individual Corporation Partnership Other

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Check the box the corresponds to the correct ownership type.

STEP 1: Business and Situs Information (Required)

Business Owner Name & Address		Property ID:	500638
BELLCAD TEST 1		Geo ID (Optional):	000000000
PO BOX 390		Phone (area code and number):	
BELTON TX 76513		Email Address:	
		Legal Description (Optional):	Testing
Business Name:	Test		
Property Location Address, City, State, ZIP Code:	411 E Central Ave TX		
Ownership Type (Optional):	<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other		

STEP 2

Check the box that indicates your relationship with the business.

STEP 2: Representation		Please indicate if you are filling out the form as:	
<input checked="" type="checkbox"/> Owner, employee, or employee of an affiliated entity of the owner		<input type="checkbox"/> Authorized Agent	<input type="checkbox"/> Fiduciary <input type="checkbox"/> Secured Party
Name of Owner, Authorized Agent, Fiduciary, or Secured Party			
Present Mailing Address, City, State, ZIP Code		Phone (area code and number)	
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 by Tax Code Section 22.01 (c-1) and (c-2)?			
If you checked "Yes" to this question, you must attach a document signed by the property owner indicating consent for you to file the rendition. Without the authorization, the rendition is not valid and cannot be processed.			
		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Write the name and mailing address of the person filling out this form.

STEP 2: Representation		Please indicate if you are filling out the form as:	
<input type="checkbox"/> Owner, employee, or employee of an affiliated entity of the owner		<input type="checkbox"/> Authorized Agent	<input type="checkbox"/> Fiduciary <input type="checkbox"/> Secured Party
Name of Owner, Authorized Agent, Fiduciary, or Secured Party			
Present Mailing Address, City, State, ZIP Code		Phone (area code and number)	
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 by Tax Code Section 22.01 (c-1) and (c-2)?			
If you checked "Yes" to this question, you must attach a document signed by the property owner indicating consent for you to file the rendition. Without the authorization, the rendition is not valid and cannot be processed.			
		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Check the appropriate box; please be sure to attach further documentation if answered "Yes".

STEP 2: Representation		Please indicate if you are filling out the form as:	
<input type="checkbox"/> Owner, employee, or employee of an affiliated entity of the owner		<input type="checkbox"/> Authorized Agent	<input type="checkbox"/> Fiduciary <input type="checkbox"/> Secured Party
Name of Owner, Authorized Agent, Fiduciary, or Secured Party			
Present Mailing Address, City, State, ZIP Code		Phone (area code and number)	
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 by Tax Code Section 22.01 (c-1) and (c-2)?			
If you checked "Yes" to this question, you must attach a document signed by the property owner indicating consent for you to file the rendition. Without the authorization, the rendition is not valid and cannot be processed.			
		<input type="checkbox"/> Yes	<input type="checkbox"/> No

STEP 3

If there were no changes to assets and inventories from a previous year, you may check this box and fill in the year of the rendition that is still accurate. Please note, if you check this box, please skip to Step 6 and disregard the second and third page of this form.

STEP 3: Affirmation of Prior Year Rendition (Check only if applicable and your assets were exactly the same as last year's rendition form.)

<input checked="" type="checkbox"/> By checking this box, I affirm that the information contained in the most recent rendition statement filed for a prior tax year (the _____ tax year) continues to be complete and accurate for the current tax year.
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STEP 4

This step is optional, but the information provided could be **very** important. Check the box that applies to the type of business.

STEP 4: Business Information (Optional)
Please address all that apply.

Business type: Manufacturing Wholesale Retail Service New Business

Business Description		Square Feet Occupied
Business Sold Date	Business Start Date at Location	Sales Tax Permit Number
New Owner		Business Moved Date
New Location	City, State, ZIP Code	Business Closed Date
Did assets remain in place as of Jan. 1? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Write a brief description of the business and the total square feet occupied.

STEP 4: Business Information (Optional)
Please address all that apply.

Business type: Manufacturing Wholesale Retail Service New Business

Business Description		Square Feet Occupied
Business Sold Date	Business Start Date at Location	Sales Tax Permit Number
New Owner		Business Moved Date
New Location	City, State, ZIP Code	Business Closed Date
Did assets remain in place as of Jan. 1? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Fill in the business start date and sales tax permit number.

STEP 4: Business Information (Optional)
Please address all that apply.

Business type: Manufacturing Wholesale Retail Service New Business

Business Description		Square Feet Occupied
Business Sold Date	Business Start Date at Location	Sales Tax Permit Number
New Owner		Business Moved Date
New Location	City, State, ZIP Code	Business Closed Date
Did assets remain in place as of Jan. 1? <input type="checkbox"/> Yes <input type="checkbox"/> No		

If the business sold, please provide date of sale and the name of the new owner.

STEP 4: Business Information (Optional)
Please address all that apply.

Business type: Manufacturing Wholesale Retail Service New Business

Business Description		Square Feet Occupied
Business Sold Date	Business Start Date at Location	Sales Tax Permit Number
New Owner		Business Moved Date
New Location	City, State, ZIP Code	Business Closed Date
Did assets remain in place as of Jan. 1? <input type="checkbox"/> Yes <input type="checkbox"/> No		

If the business, moved, please provide the date it moved and the new physical address.

STEP 4: Business Information (Optional)
Please address all that apply.

Business type: Manufacturing Wholesale Retail Service New Business

Business Description		Square Feet Occupied
Business Sold Date	Business Start Date at Location	Sales Tax Permit Number
New Owner		Business Moved Date
New Location	City, State, ZIP Code	Business Closed Date
Did assets remain in place as of Jan. 1? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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If the business closed, please provide the date of closure and check the corresponding box.

STEP 4: Business Information (Optional)

Please address all that apply.			<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Wholesale	<input type="checkbox"/> Retail	<input type="checkbox"/> Service	<input type="checkbox"/> New Business
Business type:							
Business Description					Square Feet Occupied		
Business Sold Date		Business Start Date at Location			Sales Tax Permit Number		
New Owner					Business Moved Date		
New Location		City, State, ZIP Code			Business Closed Date		
Did assets remain in place as of Jan. 1?		<input type="checkbox"/> Yes	<input type="checkbox"/> No				

STEP 5

Please check the box with the value that best describes the property owned and used by the business.

If Under \$20,000 is checked, you are only required to complete Schedule A and if applicable, Schedule F. Although not required, it is still best to fill out Schedules B, C, D, E and/or F because it may help the appraiser in producing an more accurate value.

If \$20,000 or more is checked, skip Schedule A and fill out Schedules B, C, D, E and/or F if applicable.

STEP 5: Market Value

Check the total market value of your property	<input checked="" type="checkbox"/> Under \$20,000	<input checked="" type="checkbox"/> \$20,000 or more
If you checked "Under \$20,000," please complete only Schedule A and if applicable, Schedule F. Otherwise, complete Schedule(s) B, C, D, E and/or F, whichever are applicable.		

STEP 6 - ONLY FILL OUT THIS SECTION WHEN ALL REQUIRED STEPS ARE COMPLETE

Print name, sign then date.

Please note that if you are not a secured party, an employee of the property owner, or an employee of a property owner on behalf of an affiliated entity of the property owner then the signature must be notarized.

STEP 6: Affirmation and Signature

If you make a false statement on this form, you could be found guilty of a Class A misdemeanor or a state jail felony under Penal Code Section 37.10.		
I, _____ Printed Name of Authorized Individual		swear or affirm that the information provided in this report is true and accurate to the best of my knowledge and belief; and that I am authorized as required by law to file and sign this report.
NOTE: If the person filing and signing this report is not the property owner, an employee of the property owner, an employee of a property owner signing on behalf of an affiliated entity of the property owner or a secured party as defined by Tax Code Section 22.01, the signature below must be notarized.		
Sign Here	_____ Signature of Authorized Individual	_____ Date
Subscribed and sworn before me this _____ day of _____, 20____		
Notary Public, State of Texas _____		

Check any boxes at the top of Page 2 that may apply.

Did you timely apply for a Sept. 1 inventory date? (Optional)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your inventory involve interstate/foreign commerce issues? (Optional)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your inventory involve freeport goods? (Optional)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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SCHEDULE A

Only fill this section out if you checked "Under \$20,000" on Step 5.

SCHEDULE A: PERSONAL PROPERTY VALUED LESS THAN \$20,000

List all taxable personal property by type/category of property (See Definitions and Important Information). If needed, you may attach additional sheets OR a computer-generated copy listing the information below. If you manage or control property as a fiduciary on Jan. 1, also list the names and addresses of each property owner.
 "Good faith estimate of market value" or "historical cost when new" is optional for Schedule A only.

General Property Description by Type/Category	Estimate of Quantity of Each Type	Good Faith Estimate of Market Value*	OR	Historical Cost When New*	AND	Year Acquired*	Property Owner Name/Address <i>(if you manage or control property as a fiduciary)</i>

SCHEDULE B

This section is optional if you checked "Under \$20,000", but may be filled out.

PERSONAL PROPERTY VALUED AT \$20,000 OR MORE

SCHEDULE B: INVENTORY, RAW MATERIALS AND WORK IN PROGRESS

List all taxable inventories by type of property. If needed, attach additional sheets OR a computer-generated copy listing the information below. If you manage or control property as a fiduciary on Jan. 1, also list the names and addresses of each property owner.

Property Description by Type/Category	Property Address or Address Where Taxable	Estimate of Quantity of Each Type	Good Faith Estimate of Market Value*	OR	Historical Cost When New*	AND	Year Acquired*	Property Owner Name/Address <i>(if you manage or control property as a fiduciary)</i>

SCHEDULE C

This section is optional if you checked "Under \$20,000", but may be filled out.

SCHEDULE C: SUPPLIES

List all supplies by type of property. If needed attach additional sheets OR a computer-generated copy listing the information below. If you manage or control property as a fiduciary on Jan. 1, also list the names and addresses of each property owner.

Property Description by Type/Category	Property Address or Address Where Taxable	Estimate of Quantity of Each Type	Good Faith Estimate of Market Value*	OR	Historical Cost When New*	AND	Year Acquired*	Property Owner Name/Address <i>(if you manage or control property as a fiduciary)</i>

SCHEDULE D

This section is optional if you checked "Under \$20,000", but may be filled out.

SCHEDULE D: VEHICLES AND TRAILERS AND SPECIAL EQUIPMENT

List only vehicles that are licensed in the name of the business as shown on Page 1. Vehicles disposed of after Jan. 1 are taxable for the year and must be listed below. If needed, attach additional sheets OR a computer-generated listing of the information below. Report leased vehicles under Schedule F. Leased vehicles must be reported showing the name and address of the owner.

Year (Optional)	Make (optional)	Model (optional)	Vehicle Identification Number (VIN) (optional)	Good Faith Estimate of Market Value*	OR	Historical Cost When New*	AND	Year Acquired*

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SCHEDULE E

This section is optional if you checked "Under \$20,000", but may be filled out.

SCHEDULE E: FURNITURE, FIXTURES, MACHINERY, EQUIPMENT, COMPUTERS

Total (by year acquired) all furniture, fixtures, machinery, equipment and computers (new or used) still in possession on Jan. 1. Items received as gifts are to be listed in the same manner. If needed, attach additional sheets OR a computer-generated listing of the information below.

Furniture and Fixtures			Machinery and Equipment			Office Equipment		
Year Acquired	Historical Cost When New* (Omit Cents)	OR Good Faith Estimate of Market Value*	Year Acquired	Historical Cost When New* (Omit Cents)	OR Good Faith Estimate of Market Value*	Year Acquired	Historical Cost When New* (Omit Cents)	OR Good Faith Estimate of Market Value*
2020			2020			2020		
2019			2019			2019		
2018			2018			2018		
2017			2017			2017		
2016			2016			2016		
2015			2015			2015		
2014			2014			2014		
2013			2013			2013		
2012			2012			2012		
2011			2011			2011		
2010			2010			2010		
2009			2009			2009		
2008			2008			2008		
2007 & prior			2007 & prior			2007 & prior		
TOTAL			TOTAL			TOTAL		

Computer Equipment			POS/Servers/Mainframes			Other (any other items not listed in other schedules)			
Year Acquired	Historical Cost When New* (Omit Cents)	OR Good Faith Estimate of Market Value*	Year Acquired	Historical Cost When New* (Omit Cents)	OR Good Faith Estimate of Market Value*	Year Acquired	Description	Historical Cost When New* (Omit Cents)	OR Good Faith Estimate of Market Value*
2020			2020			2020			
2019			2019			2019			
2018			2018			2018			
2017			2017			2017			
2016			2016			2016			
2015			2015			2015			
2014			2014			2014			
2013			2013			2013			
2012 & prior			2012 & prior			2012 & prior			

SCHEDULE F

Only fill out this section if there are assets used by the business, but not owned.

SCHEDULE F: PROPERTY UNDER BAILMENT, LEASE, CONSIGNMENT OR OTHER ARRANGEMENT

List the name and address of each owner of taxable property that is in your possession or under your management on Jan. 1 by bailment, lease, consignment or other arrangement. If needed, attach additional sheets OR a computer-generated copy listing the information below.

Property Owner's Name	Property Owner's Address	General Property Description