

STATE OF FLORIDA COUNTY OF CITRUS 2024	CREGG E. DALTON, CFA CITRUS COUNTY PROPERTY APPRAISER 210 N APOPKA AVE SUITE 200 INVERNESS, FL 34450 PHONE NUMBER: (352) 341-6648	TANGIBLE PERSONAL PROPERTY TAX RETURN Confidential 193.074 FS. As Required by 193.052 & 193.062 FS. Return To Citrus County Property Appraiser By April 1 To Avoid Penalties
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BUSINESS NAME (DBA) AND MAILING ADDRESS:	FEDERAL EMPLOYER IDENTIFICATION NUMBER IF APPLICABLE <input type="text"/> - <input type="text"/>	NAICS NUMBER <input style="width:100%;" type="text"/>
AK #	CONFIDENTIAL	
PHYSICAL LOCATION:		

PLEASE PRINT OR TYPE EXCEPT FOR SIGNATURE

This return is subject to audit with all records kept by you. Incomplete entries are subject to penalties.

1. Owner or person in charge. Corporate Name: Phone: Fax: 2. Physical Location (no PO Boxes): 3. City, if within incorporated limits 4. Do You File a TPP Tax Return Under Any Other Name? <input type="checkbox"/> Yes <input type="checkbox"/> No Name on your most recent return 5. Date You Began Business In This County: Fiscal Year My Fiscal year ended before Dec 31 of last year, but <input type="checkbox"/> Yes <input type="checkbox"/> No This return reflects additions and deletions through Dec 31.	6. Describe Type or Nature of Your Business: 7. Trade Level: (Check as Many as Apply) <input type="checkbox"/> Retail <input type="checkbox"/> Wholesale <input type="checkbox"/> Manufacturing <input type="checkbox"/> Professional <input type="checkbox"/> Service <input type="checkbox"/> Agriculture <input type="checkbox"/> Leasing/Rental <input type="checkbox"/> Other 8. Did you file a TPP return in this county last year? <input type="checkbox"/> Yes <input type="checkbox"/> No Under what name & where 9. Did your business close prior to Jan 1 of this year? When? 10. Did this business change owners prior to Jan 1 of this year? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If answer is no, skip questions 11 and 12.)</i> 11. Current Owner of the Business: 12. Date Sold: Month _____ Year _____ Sale Price:\$
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SECTION #1 LEASED, LOANED, AND RENTED TANGIBLE ASSETS AT BUSINESS LOCATION JANUARY 1.

COMPLETE IF YOU HOLD OR USE EQUIPMENT BELONGING TO OTHERS AT THIS LOCATION - EQUIPMENT NOT REPORTED IN SECTION 3

NAME/ADDRESS OF OWNER/LESSOR	LEASE/CONTRACT NUMBER	DESCRIPTION	YEAR ACQUIRED	LEASE TERM	RENT PER MONTH	RETAIL INSTALLED COST NEW	LEASE/PURCHASE OPTION YES	LEASE/PURCHASE OPTION NO

SECTION #2 EQUIPMENT OWNED BY YOU AT ANOTHER LOCATION JANUARY 1.

COMPLETE IF YOU LEASE, LOAN, AND/OR RENT EQUIPMENT TO OTHERS AT ANOTHER LOCATION - EQUIPMENT NOT REPORTED IN SECTION 3

COMPANY AND LOCATION OF EQUIPMENT	LEASE/CONTRACT NUMBER	DESCRIPTION	YEAR ACQUIRED	LEASE TERM	RENT PER MONTH	RETAIL INSTALLED COST NEW	LEASE/PURCHASE OPTION YES	LEASE/PURCHASE OPTION NO

Under penalties of perjury, I declare that I have read this tax return and the accompanying schedules and statements and 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.		Attach separate sheets as necessary \$25,000 Exemption? <input type="checkbox"/> Yes <input type="checkbox"/> No Penalty %	
Signature Taxpayer	Title	Date	APPRAISER NOTES:
Signature Preparer	Preparer ID number	Date	
Address	Phone	Date	

CC-405 (Revised 09/2023)

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. By filing this form, you are applying for the \$25,000 exemption.

