



Joe Reynolds
 Whitman County Assessor
 400 N. Main Street
 Colfax WA 99111
 (509) 397-6220

Personal Property Return

This is not a Tax Statement

DATE DUE - APRIL 30th

THIS FORM MUST BE RETURNED IN ALL CASES

A 5% Late File Penalty for each month after due date up to 25% applies. A willful Failure to File Penalty is 100%

Schedule Number:

Property Type :

Tax District :

Tax Year :

Mailing Date :

ALL PERSONAL PROPERTY in this state subject to taxation shall be listed and assessed every year with reference to its ownership and value on the first day of January of the year in which it is assessed. The following list is equipment owned, held or controlled by you or your company last year. If you have acquired additional fixtures or equipment, make additions on this form using the reverse side if necessary, or attach a list. Cross off items no longer owned, held or in your control. If there are no changes, write 'NO CHANGE'.

Personal Property Located At :
Schedule Status:

Is the ownership of this business a:

- | | | |
|--------------------------------------|-----------------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> PARTNERSHIP | <input type="checkbox"/> CORPORATION | <input type="checkbox"/> SOLE OWNERSHIP |
| <input type="checkbox"/> ASSOCIATION | <input type="checkbox"/> LLC, PLLC, etc | <input type="checkbox"/> ORGANIZATION |
| <input type="checkbox"/> OTHER | <input type="checkbox"/> CLAIMING IN ANOTHER COUNTY | |

IF SOLE OWNER OF THIS REPORTED PROPERTY, ARE YOU -

- | | Yes | No |
|-----------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. The head of a family? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Claiming this exemption in any other county? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. A widow or widower? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. A citizen over 65 years of age with 10 years continuous state residence? | <input type="checkbox"/> | <input type="checkbox"/> |

Average Monthly Supplies or Materials: _____
(not part of a finished product)

If you have sold the business, sign and return this form with the name and address of the new owner. If you have closed the business, sign and return this form with the date of closure (an Advance Tax may be required)

If equipment is leased, lessee / lessor must list the type of equipment, the name and address of each lessee / lessor, the cost and location of leased equipment. Include the invoice cost and acquisition date of each equipment item.

Affidavit:

I declare that this return (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct, and complete listing of all taxable personal property (including consigned merchandise and leased equipment) in Whitman County owned, held or controlled by me as of January 1st.

Signature of Property Owner or Authorized Agent

Phone Number

Title

Date

Email Address

Please enclose a copy of IRS depreciation schedule if available.