

***** ALWAYS KEEP A COPY OF YOUR RETURN FOR YOUR RECORDS *****

Instructions for completing your PT50 P Business Personal Property Tax Return

** Note: Instructions are included with your return. These instructions are simplified and provide visual reference. **

PAGE 1

| |
|--|
| TAXPAYER NAME AND ADDRESS |
| Business Name Mailing Address City, State Zip |
| BUSINESS PHYSICAL LOCATION |
| Physical location if different from mailing. |

1. Verify the information that is pre-printed in this area is correct; make corrections if needed. If blank, complete.

| | |
|--|---|
| READ | TAXPAYER'S DECLARATION |
| "I do solemnly swear that I have carefully read (or have heard read) and have duly considered the questions propounded in the foregoing tax list, and that the value placed by me on the property returned, as shown by the list, is the true market value thereof; and I further swear that I returned, for the purpose of being taxed thereon, every species of property that I own in my own right or have control of either as agent, executor, administrator, or otherwise; and that in making this return, for the purpose of being taxed thereon, I have not attempted either by transferring my property to another or by any other means to evade the laws governing taxation in this state. I do further swear that in making this return I have done so by estimating the true worth and value of every species of property contained therein." | |
| TAXPAYER OR AGENT X SIGN | Signature _____ |
| PLEASE PRINT OR TYPE NAME PRINT NAME | _____ |
| TITLE owner, agent, spouse, etc. | DATE: DATE SIGNED PHONE NUMBER: CONTACT PHONE # |
| _____ | _____ |
| | PAGE 1 |

PAGE 2

| GENERAL INFORMATION - THIS SECTION SHOULD BE COMPLETED IN DETAIL (NOTE: THIS INFORMATION IS OPEN TO PUBLIC INSPECTION) | | | |
|--|-----------------|--|------------------|
| 1. CHECK TYPE OF BUSINESS: | COMMERCIAL [] | INDUSTRIAL [] | AGRICULTURAL [] |
| 2. CHECK TYPE OF GA. INCOME TAX FILED: | CORPORATION [] | INDIVIDUAL [] | PARTNERSHIP [] |
| 3. FISCAL YEAR ENDING DATE OF BUSINESS: | _____ | | |
| 4. FEDERAL EMPLOYER IDENTIFICATION NUMBER: | _____ | | |
| 5. STATE TAXPAYER IDENTIFICATION (S.T.I.) NUMBER: | _____ | STATE SALES TAX NUMBER: | _____ |
| 6. NAME OF PRESIDENT OF CORPORATION OR OWNERS NAME: | _____ | | |
| 7. DOING BUSINESS AS: | _____ | | |
| 8. NAME ON BUSINESS LICENSE: | _____ | | |
| 9. IF BUSINESS LOCATED WITHIN CITY LIMITS, LIST CITY NAME: | _____ | | |
| 10. PREPARERS NAME: | _____ | | |
| ADDRESS: | _____ | PHONE: # | _____ |
| 11. PERSON WHO SHOULD BE CONTACTED CONCERNING QUESTIONS ABOUT THIS RETURN: | _____ | | |
| NAME: | _____ | PHONE #: | _____ |
| 12. LOCATION OF SUPPORTING RECORDS: | _____ | | |
| 13. PHONE NUMBER OF BUSINESS: | _____ | HOME OFFICE NUMBER: | _____ |
| TOLL FREE NUMBER: | _____ | FAX NUMBER: | _____ |
| EMAIL ADDRESS: | _____ | | |
| 14. MAIN BUSINESS PRODUCT OR ACTIVITY: | _____ | | |
| 15. NORTH AMERICAN INDUSTRY CLASSIFICATION SYSTEM (NAICS) NUMBER: | _____ | | |
| 16. SQUARE FOOTAGE OF BUILDING: | _____ | IF RETAIL, SQUARE FOOTAGE OF RETAIL AREA: | _____ |
| 17. IF YOU CLOSED OR SOLD YOUR BUSINESS, PLEASE LIST NEW OWNER'S NAME AND ADDRESS | _____ | | |
| 18. DATE BUSINESS BEGAN IN THIS COUNTY: | _____ | WAS RETURN FILED LAST YEAR? YES [] NO [] | |
| 19. DO YOU OR YOUR BUSINESS HAVE ASSETS LOCATED IN OTHER COUNTIES IN THIS STATE? YES [] NO [] | | | |
| 20. DOES THE BUSINESS OWN A BOAT AND MOTOR? YES [] NO [] | | | |
| AIRCRAFT? YES [] NO [] IF YES, PLEASE REQUEST MARINE FORM PT-50M OR AIRCRAFT FORM PT 50A. | | | |

1. Answer questions 1-20 as applicable to the business. If any questions do not pertain to the business, write n/a.

IT IS VERY IMPORTANT THAT YOU COMPLETE THIS PAGE – PLEASE DO NOT SKIP!

PAGE 3

We understand that this page can be difficult for smaller businesses. If your total asset costs are less than \$250,000, simply attach the following documents (listed below) & we will enter the data into our system.

This does not apply to returns being prepared by CPA or accounting offices, leasing companies, industrial business types, or those that apply for freeport exemption.

***** ALWAYS KEEP A COPY OF YOUR RETURN FOR YOUR RECORDS *****

You MUST enter #'s based on the ORIGINAL COST of the asset when it was purchased NEW.

| NO. () IF YES, PLEASE LIST BELOW | YEAR ACQUIRED | PREVIOUSLY REPORTED ORIGINAL COST NEW | + | ADDITIONS OR TRANSFERS IN | - | DISPOSALS OR TRANSFERS OUT | = | ADJUSTED ORIGINAL COST NEW | X | COMP. CONV. FACTOR | = | INDICATED BASIC COST APPROACH VALUE |
|--|------------------|---------------------------------------|---|---------------------------|---|----------------------------|---|----------------------------|---|--------------------|---|-------------------------------------|
| GROUP 1: TYPICAL ECONOMIC LIFE OF 5-7 YEARS (EXAMPLES ON INSTRUCTION SHEET) A.C.R.S./M.A.C.R.S. NOT ACCEPTABLE | | | | | | | | | | | | |
| | 2009 | | + | | - | | = | | X | .87 | = | |
| | 2008 | | + | | - | | = | | X | .74 | = | |
| | 2007 | | + | | - | | = | | X | .58 | = | |
| | 2006 | | + | | - | | = | | X | .43 | = | |
| | 2005 | | + | | - | | = | | X | .32 | = | |
| | 2004 | | + | | - | | = | | X | .26 | = | |
| | 2003 | | + | | - | | = | | X | .21 | = | |
| | 028 | | + | | - | | = | | X | .20 | = | |
| | TOTAL GROUP 1 | | | | | | | | | | | |
| GROUP 2: S. NOT ACCEP | | | | | | | | | | | | |
| | 2009 | | + | | - | | = | | X | .92 | = | |
| | 2008 | | + | | - | | = | | X | .85 | = | |
| | 2007 | | + | | - | | = | | X | .78 | = | |
| | 2006 | | + | | - | | = | | X | .70 | = | |
| | 2005 | | + | | - | | = | | X | .63 | = | |
| | 2004 | | + | | - | | = | | X | .54 | = | |
| | 2003 | | + | | - | | = | | X | .44 | = | |
| | 2002 | | + | | - | | = | | X | .34 | = | |
| | 2001 | | + | | - | | = | | X | .28 | = | |
| | 2000 | | + | | - | | = | | X | .25 | = | |
| | 1999 | | + | | - | | = | | X | .25 | = | |
| | 988 | | + | | - | | = | | X | .20 | = | |
| | TOTAL GROUP 2 | | | | | | | | | | | |
| GROUP 3: / M.A.C.R.S. NOT ACCEPTABLE | | | | | | | | | | | | |
| | 2009 | | + | | - | | = | | | | | |
| | 2008 | | + | | - | | = | | | | | |
| | 2007 | | + | | - | | = | | | | | |
| | 2006 | | + | | - | | = | | | | | |
| | 2005 | | + | | - | | = | | | | | |
| | 2004 | | + | | - | | = | | | | | |
| | 2003 | | + | | - | | = | | | | | |
| | 2002 | | + | | - | | = | | | | | |
| | 2001 | | + | | - | | = | | | | | |
| | 2000 | | + | | - | | = | | | | | |
| | 1999 | | + | | - | | = | | | | | |
| | 1998 | | + | | - | | = | | | | | |
| | 1997 | | + | | - | | = | | | | | |
| | 1996 | | + | | - | | = | | | | | |
| | 1995 | | + | | - | | = | | | | | |
| | 1994 | | + | | - | | = | | | | | |
| | 938 | | + | | - | | = | | | | | |
| | TOTAL GROUP 3 | | | | | | | | | | | |
| GROUP 4: TYPICAL ECONOMIC LIFE OF 1-4 YEARS; ALSO I.R.S. ASSET CLASS 00.12 (EXAMPLES ON INSTRUCTION SHEET) A.C.R.S./M.A.C.R.S. NOT ACCEPTABLE | | | | | | | | | | | | |
| | 2009 | | + | | - | | = | | X | .67 | = | |
| | 2008 | | + | | - | | = | | X | .54 | = | |
| | 2007 | | + | | - | | = | | X | .31 | = | |
| | 068 | | + | | - | | = | | X | .10 | = | |
| | TOTAL GROUP 4 | | | | | | | | | | | |
| | TOTAL ALL GROUPS | | | | | | | | | | | |

COST SHOULD INCLUDE: sales tax, shipping, installation

Documents to attach in lieu of completing Schedule A:

- Asset listing**, as of Jan. 1 of the current year, showing a description of each asset, date of purchase, and the original cost; **disposals must also include the disposal date**. No asset will be removed from an account without a disposal list. Assets include but are not limited to: furniture, fixtures, machinery, and equipment that are used in the business. If assets are located on the property they are to be reported, regardless if they are not in use or have depreciated off your I.R.S. 4562.
- Most recent **I.R.S. Form 4562 Depreciation Schedule**. Non-capitalized (or expensed) items should be included.

***** ALWAYS KEEP A COPY OF YOUR RETURN FOR YOUR RECORDS *****

Form **4562**
Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions.

▶ Attach to your tax return.

OMB No. 1545-0172

2009
Attachment
Sequence No. **67**

- Leasehold improvements are to be listed on the asset listing. (Examples: counters, built-in shelving, wall dividers.)

For assets that you do not have “original cost new” information: Please list these assets on a separate page or section of your asset listing. This listing should include, description of the asset, current market value.

EXAMPLE ASSET LISTINGS:

(Original Cost Known)

| Year Purchased | Description | Cost |
|-----------------------|--------------------|-------------|
| 2009 | Desk | \$1,500 |
| 2007 | Computer | \$800 |
| 2005 | Phone | \$250 |
| 1999 | Calculator | \$25 |
| 2005 | Artwork / Décor | \$350 |

(Original Cost Unknown)

| Description | Estimated Current Value |
|--------------------|--------------------------------|
| Tools | \$2,500 |
| Antiques | \$400 |
| Chairs x 25 | \$100 |

PAGE 4

The most common forms of inventory owned by businesses in Houston County are the following:

1. *Merchandise*: Inventory available for sale.
2. *Consigned*: Goods that are available for sale but may be owned by someone else.
3. *Spare Parts*
4. *Supplies*: This includes (but not limited to) COMPUTER / OFFICE, MEDICAL supplies & FUEL. Most all businesses have some amount of supplies.
5. *Packing Material*

| | |
|--|-------|
| 1. Merchandise | _____ |
| 2. Raw Materials | _____ |
| 3. Goods in Process | _____ |
| 4. Finished Goods | _____ |
| 5. Goods in Transit | _____ |
| 6. Warehoused | _____ |
| 7. Consigned | _____ |
| 8. Floor Planned | _____ |
| 9. Spare Parts | _____ |
| 10. Supplies <small>Includes computer, medical, office and operating supplies, fuel, and tangible prepaid expensed items)</small> | _____ |
| 11. Packaging Materials | _____ |
| 12. Livestock <small>(Non Exempt 48-5-41.1)</small> | _____ |
| 13. TOTAL INVENTORY | _____ |

Raw materials, goods in process, finished goods, goods in transit, warehoused, floor planned, and livestock inventory are most commonly reported by manufacturing & distribution businesses or farmers.

Attach the following documents to support #s reported above.

- Depending on your type of business, attach whichever applies:

1. I.R.S. Form 1040 Schedule C pg. 1&2 (Inventory Verification)

| | | |
|---|--|---|
| SCHEDULE C (Form 1040) | Profit or Loss From Business <small>(Sole Proprietorship)</small> | OMB No. 1545-0074 |
| <small>Department of the Treasury Internal Revenue Service (99)</small> | ▶ Partnerships, joint ventures, etc., generally must file Form 1065 or 1065-B. ▶ Attach to Form 1040, 1040NR, or 1041. ▶ See Instructions for Schedule C (Form 1040). | 2009 Attachment Sequence No. 09 |

2. Form 1065 Schedules A&L (Inventory Verification)

| | | |
|--|---|-------------------|
| 1065 <small>Form Department of the Treasury Internal Revenue Service</small> | U.S. Return of Partnership Income <small>For calendar year 2009, or tax year beginning _____, 2009, ending _____, 20____.</small> | OMB No. 1545-0099 |
| <small>Form 1065 (2009)</small> | ▶ See separate instructions. | 2009 |
| Schedule A Cost of Goods Sold (see the instructions) | | Page 2 |
| Schedule L Balance Sheets per Books | | Page 5 |
| | Beginning of tax year | End of tax year |

3. Form 1120 Schedules A&L (Inventory Verification)

| | | |
|--|---|-------------------|
| 1120 <small>Form Department of the Treasury Internal Revenue Service</small> | U.S. Corporation Income Tax Return <small>For calendar year 2009 or tax year beginning _____, 2009, ending _____, 20____.</small> | OMB No. 1545-0123 |
| <small>Form 1120 (2009)</small> | ▶ See separate instructions. | 2009 |
| Schedule A Cost of Goods Sold (see instructions) | | Page 2 |
| Schedule L Balance Sheets per Books | | Page 5 |
| | Beginning of tax year | End of tax year |

***** ALWAYS KEEP A COPY OF YOUR RETURN FOR YOUR RECORDS *****

Any other documents to support the values being reported for inventory may include: balance sheet, inventory detail, etc.

| SCHEDULE C - CONSTRUCTION IN PROGRESS READ & ANSWER | | | | | | |
|--|---------------------|---------------------------------|-------------------------|---------------------|---------------------|-----------------|
| Did you have unallocated costs for construction in progress on January 1 this year? Yes () No (). If yes, did you have tangible personal property connected with this construction in progress that has not been reported in any other section of this schedule? Yes () No (). If yes, please list in the space provided below. Add Indicated Value to Total on Page 1 Line F Schedule Column. | | | | | | |
| DETAILED DESCRIPTION OF ITEMS (ATTACH SUPPLEMENTAL SHEETS IF NEEDED) | YEAR ACQUIRED | USEFUL LIFE (YEARS) | TOTAL COST | X | MARKET VALUE FACTOR | INDICATED VALUE |
| | | | | X | .75 | |
| SECTION 1: CONSIGNED GOODS READ & ANSWER | | | | | | |
| Did you have any consigned goods, floor planned merchandise, or any other type of goods that were loaned, stored or otherwise held on January 1, this year, and not owned by you and was not reported in your inventory value in schedule B above of this report? Yes () No (). If yes, list in the space provided below. | | | | | | |
| DESCRIPTION OF GOODS (ATTACH SUPPLEMENTAL SHEETS IF NEEDED) | FULL COST | NAME AND ADDRESS OF LEGAL OWNER | | | | |
| | | | | | | |
| SECTION 2: LEASED OR RENTED EQUIPMENT READ & ANSWER | | | | | | |
| Did you have in your possession or was there located at your business on January 1, this year, any machinery, equipment, furniture, fixture, tools, vending machines (coffee, cigarette, candy, games etc.) or other type personal property which was leased, rented, loaned, stored or otherwise located at your business and not owned by you? Yes () No (). If yes, list the equipment in the space provided below (exclude licensed motor vehicles). Attach supplemental sheet if necessary. | | | | | | |
| NAME/ADDRESS OF OWNER | DESCRIPTION OF ITEM | SELLING PRICE | RENTAL AMOUNT PER MONTH | DATE OF MANUFACTURE | DATE INSTALLED | LENGTH OF LEASE |
| | | | | | | |
| SECTION 3: ADDITIONS OR ITEMS TRANSFERRED IN | | | | | | |

Leased Equipment / Consigned Goods

- ❑ The name and address for the owner of all leased and consigned property must be provided. *If not specified, you assume responsibility of the taxes due on the property.*
- ❑ An asset list (explained under Schedule A) is also required to identify this property.