

ADDRESS SERVICE REQUESTED

CTL MAP GROUP PARCEL NO PAR ID SPC INT DST MAP

ASSESSOR'S USE ONLY

ASMNT TYPE: _____
 SCHEDULE FURNISHED ___/___/___
 SCHEDULE RETURNED ___/___/___
 DESK AUDITED BY _____ DATE ___/___/___
 DATE AUDITED BY _____ DATE ___/___/___
 BUSINESS CODE: ___
 UNIT TYPE _____
 PROP TYPE _____
 CITY _____
 SSD1 _____

SCHEDULE B (DUE MARCH 1)
 FOR REPORTING COMMERCIAL AND INDUSTRIAL PERSONAL PROPERTY

In accordance with T.C.A. 67-5-903, this schedule must be completed, signed on the reverse side, and filed with the Assessor of Property on or before **March 1**. Failure to do so will result in a forced assessment, and you will be subject to a penalty as provided by state law. **A separate schedule should be filed for each location.**

PART I. GENERAL DATA (MAKE CHANGES AS NEEDED)

PROPERTY ADDRESS _____
 TYPE OF BUSINESS _____ BUSINESS OWNER _____
 BUSINESS PHONE () _____ CONTACT PERSON _____
 BUSINESS LOCATED: Outside city limits Inside city limits BUSINESS LICENSE NO. _____
 (please check one) City: _____ E-MAIL ADDRESS: _____

IF YOU WERE OUT OF BUSINESS IN THIS COUNTY ON JANUARY 1, PLEASE NOTIFY THE ASSESSOR OF PROPERTY OF THE DATE OUT OF BUSINESS IN ORDER TO AVOID A FORCED ASSESSMENT.

PART II. OWNED PERSONAL PROPERTY - Report all personal property owned by you and used or held for use in your business or profession as of January 1, including items fully depreciated on your accounting records. Do not report inventories of merchandise held for sale or finished goods in the hands of the manufacturer. Personal property leased or rented and used in your business must be reported in PART III of this schedule and not in this section. Property on which you wish to report a nonstandard value must be reported in PART IV of this schedule and not in this section. Qualified pollution control equipment must be reported in PART V of this schedule. A separate schedule should be filed for each business location. List the total acquisition cost to you for each group below by year acquired in the REVISED COST column. If COST ON FILE is printed on the schedule, you need only report new cost totals resulting from acquisition or disposition of property in the REVISED COST column. Any acquisitions/dispositions will require detail documentation.

GROUP 1 - FURNITURE, FIXTURES, GENERAL EQUIPMENT, AND ALL OTHER PROPERTY NOT LISTED IN ANOTHER GROUP				GROUP 4 - AIRCRAFT, TOWERS, AND BOATS				GROUP 6 - BILLBOARDS, TANKS AND PIPELINES			
YEAR	COST ON FILE	REVISED COST	DEPR	YEAR	COST ON FILE	REVISED COST	DEPR	YEAR	COST ON FILE	REVISED COST	DEPR
2017			.88	2017			.92	2017			.94
2016			.75	2016			.85	2016			.88
2015			.63	2015			.77	2015			.81
2014			.50	2014			.69	2014			.75
2013			.38	2013			.62	2013			.69
2012			.25	2012			.54	2012			.63
PRIOR			.20	2011			.46	2011			.56
TOTAL				2010			.38	2010			.50
GROUP 2 - COMPUTERS, COPIERS, PERIPHERALS, FAX MACHINES, AND TOOLS				2009			.31	2009			.44
YEAR	COST ON FILE	REVISED COST	DEPR	2008			.23	2008			.38
2017			.67	PRIOR			.20	2007			.31
2016			.33	TOTAL				2006			.25
PRIOR			.20	GROUP 5 - MANUFACTURING MACHINERY				PRIOR			.20
TOTAL				YEAR	COST ON FILE	REVISED COST	DEPR	TOTAL			
GROUP 3 - MOLDS, DIES, AND JIGS				2017			.88	GROUP 7 - SCRAP PROPERTY			
YEAR	COST ON FILE	REVISED COST	DEPR	2016			.75	YEAR	COST ON FILE	REVISED COST	DEPR
2017			.75	2015			.63	ALL			.02
2016			.50	2014			.50	GROUP 8 - RAW MATERIALS AND SUPPLIES			
2015			.25	2013			.38	COST ON FILE		REVISED COST	
PRIOR			.20	2012			.25	ORIGINAL COST			
TOTAL				PRIOR			.20	GROUP 9 - VEHICLES			
GROUP 10 - CONSTRUCTION IN PROCESS				TOTAL				YEAR	COST ON FILE	REVISED COST	DEPR
YEAR	COST ON FILE	REVISED COST	DEPR	2017			.80	2017			.80
ALL			.15	2016			.60	2016			.60
				2015			.40	2015			.40
				PRIOR			.20	PRIOR			.20
				TOTAL				TOTAL			

LIST LEASED EQUIPMENT/VEHICLES ON BACK IN PART III

RETURN THIS SCHEDULE AND ANY ACCOMPANYING DATA TO:

Montgomery County, Tennessee
 Assessor of Property Erinne Hester
 350 Pageant Lane Suite 101-C
 Clarksville, TN 37040

SIGN THIS SCHEDULE ON THE REVERSE SIDE

APPRAISAL LAST YR _____
 ASSESSMENT LAST YR _____

PART III. LEASED PERSONAL PROPERTY REPORT ALL ITEMS LEASED OR RENTED BY YOU FOR THE CONDUCT OF YOUR BUSINESS AS OF JANUARY 1, REGARDLESS OF ANY CONTRACT BETWEEN THE LESSOR AND LESSEE AS TO WHO SHALL PAY THE TAXES, LEASED PROPERTY IS TO BE ASSESSED TO THE LESSEE.

GRP	ITEM DESCRIPTION, MAKE AND MODEL NUMBER	*YEAR MADE	**COST NEW	TERM OF LEASE AND YEAR LEASE BEGAN	MONTHLY RENT	NAME OF LESSOR	ADDRESS OF LESSOR	ASSESSOR'S USE ONLY

* Report year of acquisition if lessor purchased the property being used.

** Report advertised retail price if cost new is unknown.

IF ADDITIONAL SPACE IS NEEDED, ATTACH A SEPARATE SHEET USING THE SAME FORMAT

PART IV. OWNED ITEMS WITH NONSTANDARD VALUE REPORT PROPERTY ON WHICH YOU WISH TO REPORT A VALUE DIFFERENT FROM STANDARD DEPRECIATED COST WHERE SUCH VALUE MORE CLOSELY APPROXIMATES FAIR MARKET VALUE. THE ASSESSOR MAY REQUEST SUPPORTIVE EVIDENCE BEFORE ACCEPTING SUCH A VALUE, SUCH AS RECENT APPRAISALS AND AUTHORITATIVE PRICE OR VALUATION GUIDES FOR SUBJECT PROPERTY. MUST HAVE CERTIFICATE TO FILE NON-STANDARD ON POLLUTION CONTROL EQUIPEMENT.

GRP	ITEM DESCRIPTION	YEAR MADE	ORIGINAL COST	DEPR. FACTOR	VALUE AS OF JANUARY 1	ASSESSOR'S USE ONLY	
						DEPR	VALUE
IF ADDITIONAL SPACE IS NEEDED, ATTACH A SEPARATE SHEET USING THE SAME FORMAT.					TOTAL		

PART V. POLLUTION CONTROL – Report pollution control equipment qualified under T.C.A. 67-5-604. Such equipment will be valued at one-half percent of cost.

COST	CERTIFICATE YEAR	CERTIFICATE EXPIRES

NOTES:

SMALL ACCOUNTS CERTIFICATION (OPTIONAL) – By checking the box at left, I certify that the total depreciated value of my property (all groups) is \$1,000 or less. I understand this certification is subject to penalties for perjury and I may be subject to statutory penalty and cost if this certification is proven false.

I certify that the information contained herein, including any accompanying schedules or data, is true, correct, and complete, to the best of my knowledge and belief.

PRINTED NAME _____

SIGNED _____ TITLE _____ DATE _____