PERSONAL PROPERTY LISTING FOR 2011 TAX YEAR

PLEASE SEE YELLOW SHEET OR VISIT OUR WEBSITE AT WWW1.CO.SNOHOMISH.WA.US/DEPARTMENTS/ASSESSOR FOR INSTRUCTIONS

RETURN TO:

Cindy Portmann
Office of the Assessor
Snohomish County
3000 Rockefeller Ave. M/S 510
Everett, Washington 98201-4060
(425) 388-3656

DATE DUE APRIL 30TH, 2010

5% penalty for each month after due date up to 25%. Willful failure to file return form 100% penalty.

PENALTY

PERSONAL PROPERTY LISTING LAW 84.40.040

TAXPAYER INFORMATION

ACCOUNT NO

TAX CODE AREA

NAME AND ADDRESS

☐ Check here for name OR ownership OR address change and make all changes on back of this form

PERSONAL PROPERTY LOCATION

REAL ESTATE PARCEL NO.

CLASS CODE

What year did you start this business in Snohomish County? _____

TYPE OF BUSINESS? _____

SUPPLIES NOT HELD FOR SALE

January 1, 2009 Inventory (If representative of monthly average). Consists of supplies and materials not normally held for sale or which do not become an ingredient or component of an article being produced for sale.
DIVIDE YEARLY FIGURE BY 12 AND ENTER RESULT.
$_____

THIS AREA MUST BE COMPLETED ANNUALLY TO QUALIFY FOR HEAD OF FAMILY EXEMPTION

__ Partnership __Corporation __Sole Proprietor __LLC __LLP __Trust

IF SOLE PROPRIETOR, ARE YOU

The head of a family?.....__Yes __No
A widow or widower?.....__Yes __No
A citizen over 65 yrs. of age with 10 yrs. continuous state residence?.....__Yes __No
Claiming this exemption on any other form in this or any other county?.....__Yes __No

IF BOX BELOW IS BLANK ENTER WASHINGTON STATE UBI NO.

WASHINGTON STATE UBI NO.

ASSET OR GROUP NO.	LINE NO.	ITEM DESCRIPTION ENTER ADDITIONAL ASSETS BELOW	YEAR ACQUIRED	ORIGINAL COST	REVISED COST

Assets will be removed ONLY when disposition is marked on the corresponding line item. Cross out original cost and enter revised cost to the right. New assets may be summarized by type on an attachment, if needed.

IMPORTANT: It is NOT sufficient to write: 'See Attached Schedule' for dispositions.

PLEASE ATTACH A COPY OF YOUR CURRENT DEPRECIATION SCHEDULE

Print owner's name: _____

Preparer/agent name: _____ Date: _____

☐ Owner
☐ Agent

Signature: X _____

Phone: ( ) _____ Email address: _____

ASSESSOR'S USE ONLY

REC'D

A/V

ENTERED

THIS RETURN SUBJECT TO AUDIT AND VERIFICATION BY THE COUNTY ASSESSOR AND STATE DEPARTMENT OF REVENUE

THE CONTENTS OF THIS FORM CONFORM TO THE STANDARDS AS PRESCRIBED BY THE STATE DEPARTMENT OF REVENUE

YOU WILL RECEIVE AN ASSESSMENT NOTICE BASED ON INFORMATION YOU PROVIDE ON THIS LISTING