

MADISON COUNTY, MISSISSIPPI PERSONAL PROPERTY RENDITION

RETURN TO: GERALD BARBER
MADISON CO TAX ASSESSOR
P.O. BOX 292, CANTON, MS
39046 - (601) 856-1796

RETURN BY APRIL 1

USE THIS FORM FOR REPORTING: All furniture, fixtures, machinery equipment and inventory; all changes in personal property; and closed or relocated businesses.

10% PENALTY WILL BE ADDED FOR: NOT FILING BY DUE DATE AND FOR NOT RETURNING THIS ORIGINAL FORM ACCURATELY COMPLETED AND SIGNED.

Parcel Number _____

IF THE NAME OR BILLING ADDRESS OF YOUR BUSINESS IS INCORRECT, PLEASE CORRECT BELOW:

NAME _____

STREET _____

CITY _____ STATE _____ ZIP _____

SECTION 1 - MISCELLANEOUS

- DBA and physical address of business:

- Number of employees: _____
- Square footage (owned or leased): _____
- Date business opened (if less than 5 yrs): _____
- Phone number of business: _____
- Name of owner or partnership: _____
- Inventory reported on previous year's _____
State of Mississippi income tax return: _____
- Supporting books and records located at: _____

(i.e. your business, your home, your accountant's office, etc.)
- Primary business activity: _____
- Contact person: _____
- Phone Number: _____

SECTION 2 - INVENTORY (SELLABLE MERCHANDISE)

- CHECK ONE:**
- Inventory as of January 1 or Average of previous 12 months or
 No Inventory Bus. Closed Date: _____
 (Answer questions 10 and 11)
- Inventory (actual cost) \$ _____
 - Consigned/Floor Plan \$ _____

3. INDUSTRIAL INVENTORY ONLY

a. Raw Materials \$ _____

b. Work in Progress \$ _____

c. Finished Goods \$ _____

TOTAL \$ _____

(A summary balance sheet showing inventory amount must accompany this form or if you do not have a balance sheet, please explain.) _____

SECTION 3 - FURNITURE, FIXTURES, MACHINERY AND EQUIPMENT (A complete, itemized fixed asset list must accompany this form) If you are a small business and do not have an itemized fixed-asset list you must indicate below if you have acquired or removed any furniture, fixtures, machinery or equipment to or from your business in the previous year. (If additional space is needed, please attach additional sheets as necessary.)

1. ADDITIONS:	Description of Item	Date Purchased	New/Used	Year Manufactured	Cost Installed
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

2. DELETIONS:	Description of Item	Age of Item	Cost New	Name & Address of Purchaser/or Method of Disposal
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____