

# Commercial Personal Property Assessment Form

## Sebastian County, Arkansas 200

This form will be used by the Assessor in your county to determine the value of your business' personal property. An information sheet, containing instructions on completion of this form and statutory provisions regarding the assessment of your personal property, should be included with this form. Please read the instructions before completing this form. If no information sheet is included, contact the assessor's office to obtain one.

Do not mark in any areas labeled "FOR ASSESSOR USE ONLY" or shaded areas. Complete all sections pertinent to your business. **SIGN AND RETURN THIS FORM TO THE ASSESSOR BEFORE MAY 31. FORMS RETURNED AFTER THAT DATE WILL BE DELINQUENT AND PENALIZED 10% OF THE TAX AMOUNT.** Information reported on this form is required by Arkansas law and is subject to audit by the county assessor and/or the State of Arkansas. Upon request, you should be prepared to provide documentation for the content of this assessment.

Acct. Number: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Local Address: \_\_\_\_\_  
 \_\_\_\_\_

Business Type: \_\_\_\_\_

Owner: \_\_\_\_\_

Manager: \_\_\_\_\_

Phone: \_\_\_\_\_

School District: \_\_\_\_\_

### FOR ASSESSOR USE ONLY

Property Type:	Value	Assessed Value
Inventory		
Furniture-Fixtures		
Machinery-Equipment		
Miscellaneous		
Vehicles		
<b>TOTALS</b>		

**VEHICLES:** Please list the following information regarding vehicles owned by your business. Vehicles requiring proof of assessment for licensing should be listed below. Non-licensed vehicles may be listed below, in the miscellaneous section, or a separate list may be attached to this form.

Year	Manufacturer	Model	Type or Style	Cylinders	Wheel Drive	Assessor's Assessed Value

I hereby swear or affirm that this is a true and complete list of all the personal property that, by law, I am required to list for taxation, and that the values rendered are true and accurate to the best of my knowledge.

Owner: \_\_\_\_\_

Date: \_\_\_\_\_

Sworn before and subscribed to before me this \_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
 Assessor, Deputy or Notary

This is to certify that the above listed vehicles have been assessed for the current year.

35 South 6th St., Room 105  
 Fort Smith, AR 72901  
 479.783.8948

P. O. Box 347  
 Greenwood, AR 72936  
 479.996.6591

County Assessor: **BECKY YANDELL**

This is to certify that the above business paid personal property taxes due, as recorded by receipt

# \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_ in amount of \_\_\_\_\_ for the year \_\_\_\_\_

County Collector: \_\_\_\_\_





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THIS PAGE FOR ASSESSOR USE ONLY

BUSINESS CLASS:
BUSINESS NAME:
MAILING ADDRESS:
CITY:
STATE: <span style="float: right;">ZIP:</span>
MANAGER:
PHONE:

LOCATION:
SCHOOL DISTRICT:
LEGAL DESCRIPTION:
PARCEL NUMBER:
BUILDING SQUARE FOOTAGE:
EFFECTIVE AGE-FF&E:
GROSS SALES:

## SQUARE FOOT RATE APPLICATION

**Inventory:**

Quality	Density	Rate/Sq. Ft.	X	Square Foot	=	Value

TOTAL INVENTORY:	
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**FF & E:**

Quality	Density	Rate/Sq. Ft.	X	Square Foot	X	REL%	=	Value

TOTAL FF & E:	
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Adjustments or Add-Ons:	
Total Value-Inventory, FF&E, Adjustments:	
Multiply Assessment Level: (20%)	x .20
<b>TOTAL ASSESSMENT:</b>	

## INVENTORY TURNOVER RATE APPLICATION

PREVIOUS YEAR GROSS ANNUAL SALES AMOUNT:	
INVENTORY TURNOVER MULTIPLIER:	
EQUALS INVENTORY VALUE:	
MULTIPLY ASSESSMENT LEVEL: (20%)	x .20
EQUALS ASSESSED VALUE OF INVENTORY:	

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

Assessor or Deputy