

ROBERT TURNER
 HILLSBOROUGH COUNTY PROPERTY APPRAISER
 COUNTY CENTER 16TH FLOOR
 601 E. KENNEDY BLVD.
 TAMPA, FL 33602-4932

Tangible Personal Property Tax Return
 CONFIDENTIAL Sections 193.074 F.S.
 As Required by Sections 193.052 & 193.062 F.S. Return to
 County Property Appraiser By April 1 to Avoid Penalties
Tax Year 2010
State of Florida, County of Hillsborough

Federal EIN 73-9876543	Soc. Sec. No. 444-55-6666	NAIC 123456
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Line 1 info
 Line 2 other
 Line 3 other
 Line 4 other
 Line 5 other
 Line 6 other

Business Name (DBA-Doing Business As) and Mailing Address
 3923391367
 Sample Florida DR-405
 DBA Apples & Oranges, Inc.
 123 apple lane
 2nd address line
 Orlando, FL 33333

If name and address is incorrect make necessary corrections
 This return subject to audit with all records kept by you.
 Incomplete entries are subject to penalties.

1. Please give name and telephone no. of Owner or Person in charge of this Business.
Mark Orange (918) 252-1157 Ext 123456
 Corp. Name Sample Florida DR-405

2. Actual Physical Location of Property for Which this Return is Filed (No P.O. Box)
123 some address

3. Is your business or farm located within the incorporated limits of a City?
 Yes No What City? Some city my business is located in

4. Do You File a Tangible Personal Property Tax Return Under Any Other Name?
 Yes No
 Please Show name Exactly as it Appeared on Your most recent Personal Property Tax Bill or Other Current Tax Return.
The other name I used on my most recent PP bill

5. Date you began business in this county: 03/14/1990
 Fiscal year: 07/01/2008 to 06/30/2009

5a. Although my fiscal yr. ended prior to Dec. 31 of the past calendar yr., this return reflects property additions and deletions through Dec. 31. Yes No

6. Describe Type or Nature of Your Business: software engineering 12345
and also contract software development stuff 12345

7. Trade Level (Check as many as apply) Retail Wholesale Manufacturing
 Professional Service Agriculture Leasing/Rental Other

8. Did you file a tangible Personal Prop. Return in the county last Yr.? Yes No
 If so, under what name and where? under this different name
in some other place, some other city, county

9. Former owner of Business: Former Business owner name 123

9a. If sold, to whom? Fred Barnes - 123 some street. Orlando FL
 Date Sold: 12/09/2004

Personal Property Summary <small>THIS IS A SUMMARY SCHEDULE ONLY. The Schedules On PAGE 2 must be completed in detail and the TOTALS entered below. ATTACH ITEMIZED LIST or DEPRECIATION SCHEDULE showing Original Cost & Date of Acquisition.</small>	TAXPAYER'S EST. OF FAIR MARKET VALUE	ORIGINAL INSTALLED COST	APPRAISER'S USE ONLY
10. Office Furniture & Office Machines & Library	1,787	2,800	
11. EDP Equipment, Computers, Word processors	470	1,000	
12. Store, Bar & Lounge, and Restaurant Furniture & Equipment, Etc.	9,500	15,400	
13. Machinery and Manufacturing Equipment	22,000	42,500	
14. Farm, Grove, and Dairy Equipment			
15. Professional, Medical, Dental & Laboratory Equipment			
16. Hotel, Motel, & Apartment Complex			
16a. Rental Units - Stove, Refrig., Furniture, Drapes & Appliances	529	1,150	
17. Mobile Home Attachments (Carport, Utility Bldg., Cabana, Porch, Etc.)			
18. Service Station & Bulk Plant Equipment - Underground Tanks, Lifts, Tools			
19. Signs - Billboard, Pole, Wall, Portable, Directional, etc.			
20. Leasehold improvements - group by type, year of installation and description			
21. Pollution Control Equipment			
22. Equipment owned by you but rented, leased or held by others	8,600	12,500	
23. Supplies - Not Held for Resale	300	450	
24. Other - Please Specify			
TOTAL PERSONAL PROPERTY	43,186	75,800	

Under penalties of perjury, I declare that I have read the foregoing tax return and the accompanying schedules and statements and that the facts stated in them are true. If prepared by someone other than the taxpayer, the preparer signing this return certifies that this declaration is based on all information of which he/she has any knowledge.

DATE 01/16/2010 TITLE President

SIGNED Marvin Edwards (TAXPAYER)

SIGNED John Doe (PREPARER)
John Doe Company

ADDRESS 123 CPA Avenue
Accountant City, OK 55555

PHONE NO. (918) 555-1212 Ext 1234 PREPARER'S I.D.# 1234567

LESS EXEMPTION: () WIDOW () WIDOWER () BLIND
 () TOTAL DISABILITY () OTHER

TAXABLE VALUE

DEPUTY PENALTY

Please sign and date your return, send the original to the county appraiser's office by April 1, unsigned returns cannot be accepted by the appraiser's office.

Notice: If you are entitled to a widow's, widower's or disability exemption on personal property (not already claimed on real estate) consult appraiser.

Page 2 TANGIBLE PERSONAL PROPERTY TAX SCHEDULES (ENTER TOTALS ON PAGE 1)					
ASSETS PHYSICALLY REMOVED DURING LAST YEAR Property fully depreciated but continuing in service must be reported on the schedules below.					RETIRED, SOLD, TRADED, ETC.
DESCRIPTION	AGE	YEAR ACQ.	TAXPAYER'S EST OF FAIR MKT VALUE	ORIGINAL INSTALLED COST	

LEASED, LOANED, AND RENTED EQUIPMENT - Please complete if you hold equipment belonging to others.							
NAME AND ADDRESS OF OWNER OR LESSOR	DESCRIPTION	YEAR ACQ.	YEAR OF MFG.	RENT PER MONTH	RETAIL INSTALLED COST NEW	LEASE PURCHASE OPTION Yes No	
Bob Jones 333 Main St. Tallahassee	2nd leased item	2006		125	500	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Marvin Harrison 555 W. Galveston St. Tallahassee 252-1157	Bar stools (20)	2002	1960	300	2,000	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Line 10.	DESCRIPTION OF ITEM	AGE	Year Purchased	TAXPAYER'S ESTIMATE OF FAIR MARKET VALUE	TAXPAYER'S ESTIMATE OF CONDITION			ORIGINAL INSTALLED COST	APPRAISER'S USE ONLY	
					G	A	P		Condition	
	End tables in lounge	4	2006	350		X		500		
	Fans	4	2006	183		X		300		
	Misc	4	2006	950		X		1,200		
	Book Shelves	10	2000	304		X		800		
Enter TOTALS on Page 1 - Line 10.				1,787				2,800		
Line 11.	DESCRIPTION OF ITEM	AGE	Year Purchased	VALUE	G	A	P	COST	Condition	
	New EDP asset	5	2005	470			X	1,000		
Enter TOTALS on Page 1 - Line 11.				470				1,000		
Line 12.	DESCRIPTION OF ITEM	AGE	Year Purchased	VALUE	G	A	P	COST	Condition	
	Bar stools (replace broken)	4	2006	350	X			400		
	Original stools (144)	4	2004	9,150	X			15,000		
Enter TOTALS on Page 1 - Line 12.				9,500				15,400		
Line 13.	DESCRIPTION OF ITEM	AGE	Year Purchased	VALUE	G	A	P	COST	Condition	
	Lathe - used	6	2003	22,000	X			42,500		
Enter TOTALS on Page 1 - Line 13.				22,000				42,500		
Line 16a	DESCRIPTION OF ITEM	AGE	Year Purchased	VALUE	G	A	P	COST	Condition	
	Stove	7	2002	529		X		1,150		
Enter TOTALS on Page 1 - Line 16a				529				1,150		
Line 23.	DESCRIPTION OF ITEM	AGE	Year Purchased	VALUE	G	A	P	COST	Condition	
	Misc supplies	4	2006	300		X		450		
Enter TOTALS on Page 1 - Line 23.				300				450		

LINE 22 - EQUIPMENT OWNED BY YOU BUT RENTED, LEASED, OR HELD BY OTHERS											
LEASE NO	NAME/ADDRESS OF LESSEE ACTUAL PHYSICAL LOCATION	DESCRIPTION	Age	Year Purchased	RENT PER MONTH	TERM	TAXPAYER'S ESTIMATE OF FAIR MARKET VALUE	TAXPAYER'S ESTIMATE OF CONDITION Good Avg Poor			RETAIL INSTALLED COST NEW
123	Mark Jones 123 any street Physical Location 33rd and Main Plaze	Forklift l leased	5	2005	200	A	8,600		X		12,500
Enter TOTALS on Page 1 - Line 22							8,600				12,500