

How To Fill Out The Business Personal Property Rendition Form

Write the account number at the top of the form. If this business is new, please write **NEW**. Leaving this space blank can cause issues.

Business Personal Property Rendition of Taxable Property
CONFIDENTIAL

Williamson Central Appraisal District
Appraisal District's Name
625 FM 1460, Georgetown TX 78626
Address, City, State, Zip Code

Property Tax
Form 50-144

Rendition Email Address: renditions@wcad.org
Complete this form Online at <https://forms.wcad.org/>

Account Number
512-930-3787
Phone (area code and number)

2018
Tax Year

This document must be filed with the appraisal district office in the county in which your property is taxable. It must not be filed with the Comptroller of Public Accounts. Location and address information for appraisal district offices may be found at comptroller.texas.gov/propertytax/references/directory/cad.

DEADLINE to file RENDITION TIMELY is APRIL 1, 2018. Upon WRITTEN REQUEST by APRIL 1, the deadline will be extended to MAY 1.

STEP 1

In the box, write the name of the business and the mailing address of the business like you would on a mailing envelope.

STEP 1: Business Name, Owner, Address, Phone, Physical Location or Situs (Required)

Business Owner

Phone (area code and number)

Property Location Address, City, State, Zip Code

Ownership Type (Optional): Individual Corporation Partnership Other

Write the name(s) of the business owner(s).

STEP 1: Business Name, Owner, Address, Phone, Physical Location or Situs (Required)

Business Owner

Phone (area code and number)

Property Location Address, City, State, Zip Code

Ownership Type (Optional): Individual Corporation Partnership Other

Write a good contact phone number for the owner(s).

STEP 1: Business Name, Owner, Address, Phone, Physical Location or Situs (Required)

Business Owner

Phone (area code and number)

Property Location Address, City, State, Zip Code

Ownership Type (Optional): Individual Corporation Partnership Other

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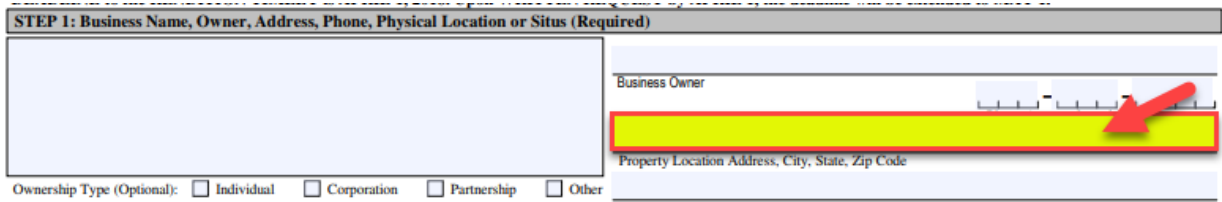
Write the actual physical location of the property.

STEP 1: Business Name, Owner, Address, Phone, Physical Location or Situs (Required)

Business Owner

Property Location Address, City, State, Zip Code

Ownership Type (Optional): Individual Corporation Partnership Other



Check the box for the correct ownership type. It is optional.

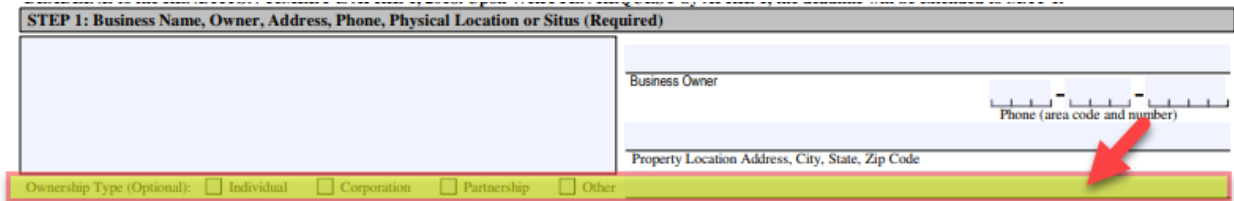
STEP 1: Business Name, Owner, Address, Phone, Physical Location or Situs (Required)

Business Owner

Phone (area code and number)

Property Location Address, City, State, Zip Code

Ownership Type (Optional): Individual Corporation Partnership Other



STEP 2

Check the box to indicate how you are related to this business.

STEP 2: Representation

Please indicate if you are filling out this form as

Owner, employee, or employee of an affiliated entity of the owner Authorized Agent Fiduciary Secured Party

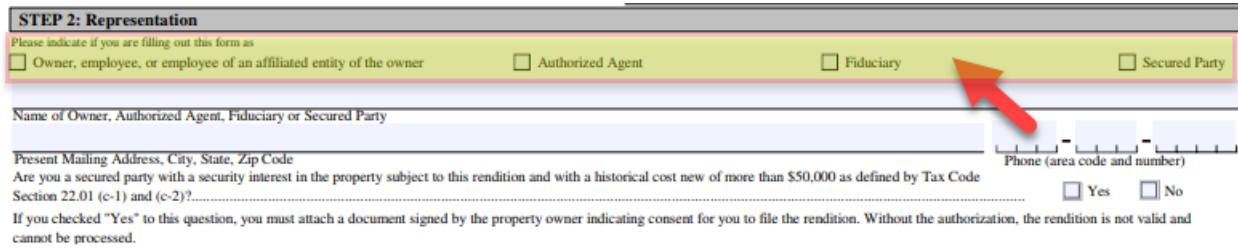
Name of Owner, Authorized Agent, Fiduciary or Secured Party

Present Mailing Address, City, State, Zip Code

Phone (area code and number)

Are you a secured party with a security interest in the property subject to this rendition and with a historical cost new of more than \$50,000 as defined by Tax Code Section 22.01 (c-1) and (c-2)? Yes No

If you checked "Yes" to this question, you must attach a document signed by the property owner indicating consent for you to file the rendition. Without the authorization, the rendition is not valid and cannot be processed.



Write the name and mailing address of the person filling out this form.

STEP 2: Representation

Please indicate if you are filling out this form as

Owner, employee, or employee of an affiliated entity of the owner Authorized Agent Fiduciary Secured Party

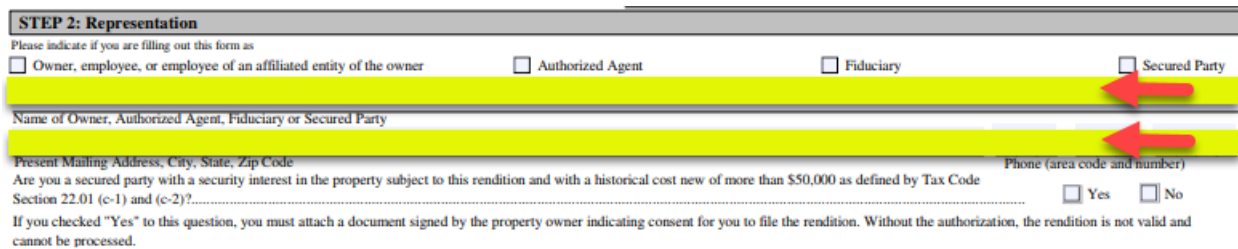
Name of Owner, Authorized Agent, Fiduciary or Secured Party

Present Mailing Address, City, State, Zip Code

Phone (area code and number)

Are you a secured party with a security interest in the property subject to this rendition and with a historical cost new of more than \$50,000 as defined by Tax Code Section 22.01 (c-1) and (c-2)? Yes No

If you checked "Yes" to this question, you must attach a document signed by the property owner indicating consent for you to file the rendition. Without the authorization, the rendition is not valid and cannot be processed.



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Check the correct box, and be sure to attach further documentation if the answer is Yes.

STEP 2: Representation

Please indicate if you are filing out this form as

Owner, employee, or employee of an affiliated entity of the owner Authorized Agent Fiduciary Secured Party

Name of Owner, Authorized Agent, Fiduciary or Secured Party _____

Present Mailing Address, City, State, Zip Code _____ Phone (area code and number) _____

Are you a secured party with a security interest in the property subject to this rendition and with a historical cost new of more than \$50,000 as defined by Tax Code Section 22.01 (c-1) and (c-2)? Yes No

If you checked "Yes" to this question, you must attach a document signed by the property owner indicating consent for you to file the rendition. Without the authorization, the rendition is not valid and cannot be processed.

STEP 3

If there are no changes to the assets and inventories from a previous year, you may check this box and fill in the tax year of the rendition that is still correct.

STEP 3: Affirmation of Prior Year Rendition (Check only if applicable and your assets were exactly the same as last year's rendition form)

By checking this box, I affirm that the information contained in the most recent rendition statement filed for a prior tax year (the _____ tax year) continues to be complete and accurate for the current tax year.

*NOTE: If you checked this box, please skip to Step 6 and disregard the second and third page of the rendition form.

STEP 4

This step is optional, but is **very** important.

Check the box that applies to the type of business.

STEP 4: Business Information (Optional)

Please address all that apply

Business type: Manufacturing Wholesale Retail Service New Business

Business Description _____

Business Start Date at Location (MMDDYY) _____ Sales Tax Permit Number _____

New Owner _____

New Location _____ City, State, Zip Code _____

Did assets remain in place as of Jan. 1? Yes No The business owned no taxable assets in this county as of Jan. 1

Please check the box if any of the following apply:

Sold Square Feet Occupied _____
Business Sold Date (MMDDYY) _____

Moved Business Moved Date (MMDDYY) _____

Closed Business Closed Date (MMDDYY) _____

Write a brief description of the business and the square feet occupied.

STEP 4: Business Information (Optional)

Please address all that apply

Business type: Manufacturing Wholesale Retail Service New Business

Business Description _____

Business Start Date at Location (MMDDYY) _____ Sales Tax Permit Number _____

New Owner _____

New Location _____ City, State, Zip Code _____

Did assets remain in place as of Jan. 1? Yes No The business owned no taxable assets in this county as of Jan. 1

Please check the box if any of the following apply:

Sold Square Feet Occupied _____
Business Sold Date (MMDDYY) _____

Moved Business Moved Date (MMDDYY) _____

Closed Business Closed Date (MMDDYY) _____

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Fill in the business start date, sales tax permit number, and check any boxes that apply.

WHICH TAX YEAR?

STEP 4: Business Information (Optional)

Please address all that apply

Business type: Manufacturing Wholesale Retail Service New Business

Business Description _____

Business Start Date at Location (MMDDYY) _____ Sales Tax Permit Number _____

New Owner _____

New Location _____ City, State, Zip Code _____

Did assets remain in place as of Jan. 1? Yes No The business owned no taxable assets in this county as of Jan. 1

Please check the box if any of the following apply:

Sold Business Sold Date (MMDDYY) _____

Moved Business Moved Date (MMDDYY) _____

Closed Business Closed Date (MMDDYY) _____

Square Feet Occupied _____

If sold, please fill in the New Owners name.

If moved, please fill in the new location address.

WHICH TAX YEAR?

STEP 4: Business Information (Optional)

Please address all that apply

Business type: Manufacturing Wholesale Retail Service New Business

Business Description _____

Business Start Date at Location (MMDDYY) _____ Sales Tax Permit Number _____

New Owner _____

New Location _____ City, State, Zip Code _____

Did assets remain in place as of Jan. 1? Yes No The business owned no taxable assets in this county as of Jan. 1

Please check the box if any of the following apply:

Sold Business Sold Date (MMDDYY) _____

Moved Business Moved Date (MMDDYY) _____

Closed Business Closed Date (MMDDYY) _____

Square Feet Occupied _____

STEP 5

Please check the box with the value that describes the property owned and used by the business.

If Under \$20,000 is checked, you are only required to complete Schedule A and if applicable, Schedule F. Although not required, it is still good to fill out Schedules B, C, D, E, and/or F because it may help the appraiser come to a more agreeable value for your property.

If Over \$20,000 is checked, skip Schedule A and fill out Schedules B, C, D, E, and/or F if applicable.

STEP 5: Market Value

Check the total market value of your property Under \$20,000 \$20,000 or more

If you checked "Under \$20,000," please complete only Schedule A and if applicable, Schedule F. Otherwise, complete Schedule(s) B, C, D, E and/or F, whichever are applicable.

When required by the chief appraiser, you must render any taxable property that you own or manage and control as a fiduciary on Jan. 1 [Tax Code Section 22.01 (b)]. For this type of property, complete Schedule(s) A, B, C, D, E and/or F, whichever are applicable.

When required by the chief appraiser, you must file a report listing the name and address of each owner of taxable property that is in your possession or under your management on Jan. 1 by bailment, lease, consignment, or other arrangement [Tax Code Section 22.04 (a)]. For this type of property complete Schedule F.

**NOTE: You may attach supporting documentation to the end of the rendition, to help the appraiser determine the correct value.

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STEP 6 – ONLY FILL OUT THIS SECTION WHEN ALL REQUIRED STEPS ARE COMPLETE.

If you are a secured party, property owner, an employee of the property owner, or an employee of a property owner on behalf of an affiliated entity of the property owner, print, sign and date the first set of lines. A notary is not needed.

If you are not any of the above, it is required that you print, sign, and date the second set of lines before a notary.

STEP 6: Sign and Date Form
 This form must be signed and dated. By signing this document, you attest that the information contained on it is true and correct to the best of your knowledge and belief.
 If you are a secured party, property owner, an employee of the property owner, or an employee of a property owner on behalf of an affiliated entity of the property owner, print, sign and date on the lines below. **No notarization is required.**

print _____ sign _____
 here _____ here _____ Date (MMDDYY) _____

If you are not a secured party, property owner, an employee of the property owner, or an employee of a property owner on behalf of an affiliated entity of the property owner, print, sign and date on the lines below. Notarization is required.
 I swear that the information provided on this form is true and correct to the best of my knowledge and belief.

print _____ sign _____
 here _____ here _____ Date (MMDDYY) _____

Subscribed and sworn before me this _____ day of _____, 20____

 Notary Public, State of Texas

If you make a false statement on this form, you could be found guilty of a Class A misdemeanor or a state jail felony under Penal Code Section 37.10.
 The Property Tax Assistance Division at the Texas Comptroller of Public Accounts provides property tax information and resources for taxpayers, local taxing entities, appraisal districts and appraisal review boards.

Check any boxes at the top of Page 2 that apply and fill in the account number.

Did you timely apply for a Sept. 1 inventory date? (Optional)

Yes No

Does your inventory involve interstate/foreign commerce issues? (Optional)

Yes No

Does your inventory involve freeport goods? (Optional)

Yes No

 Account Number

SCHEDULE A

Only fill out this section if you checked "Under \$20,000" in Step 5.

SCHEDULE A: PERSONAL PROPERTY VALUED LESS THAN \$20,000

List all taxable personal property by type/category of property (See "Definitions and Relevant Tax Code Sections"). If needed, you may attach additional sheets OR a computer-generated copy listing the information below. If you manage or control property as a fiduciary on Jan. 1, also list the names and addresses of each property owner. "Good faith estimate of market value" or "historical cost when new" is optional for Schedule A only.

General Property Description by Type/Category	Estimate of Quantity of Each Type	Good Faith Estimate of Market Value*	OR	Historical Cost When New**	AND	Year Acquired**	Property Owner Name/Address (if you manage or control property as a fiduciary)

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SCHEDULE B

This section is optional if you checked "Under \$20, 000," but you can still fill it out.

SCHEDULE B: INVENTORY, RAW MATERIALS AND WORK IN PROCESS

List all taxable inventories by type of property. If needed, attach additional sheets OR a computer-generated copy listing the information below. If you manage or control property as a fiduciary on Jan 1, also list the names and addresses of each property owner.

Property Description by Type/Category	Property Address or Address Where Taxable	Estimate of Quantity of Each Type	Good Faith Estimate of Market Value*	OR Historical Cost When New**	AND Year Acquired**	Property Owner Name/Address (if you manage or control property as a fiduciary)

SCHEDULE C

This section is optional if you checked "Under \$20, 000," but you can still fill it out.

SCHEDULE C: SUPPLIES

List all supplies by type of property. If needed, attach additional sheets OR a computer-generated copy listing the information below. If you manage or control property as a fiduciary on Jan. 1, also list the names and addresses of each property owner.

Property Description by Type/Category	Property Address or Address Where Taxable	Estimate of Quantity of Each Type	Good Faith Estimate of Market Value*	OR Historical Cost When New**	AND Year Acquired**	Property Owner Name/Address (if you manage or control property as a fiduciary)

SCHEDULE D

This section is optional if you checked "Under \$20, 000," but you can still fill it out.

SCHEDULE D: VEHICLES AND TRAILERS AND SPECIAL EQUIPMENT

List only vehicles that are licensed in the name of the business as shown on Page 1. Vehicles disposed of after Jan. 1 are taxable for the year and must be listed below. If needed, attach additional sheets OR a computer-generated listing of the information below. Report leased vehicles under Schedule F. Leased vehicles must be reported showing the name and address of the owner.

Year (optional)	Make (optional)	Model (optional)	Vehicle Identification Number (VIN) (optional)	Good Faith Estimate of Market Value*	OR Historical Cost When New**	AND Year Acquired**

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SCHEDULE E

This section is optional if you checked "Under \$20, 000," but you can still fill it out.

SCHEDULE E: FURNITURE, FIXTURES, MACHINERY, EQUIPMENT, COMPUTERS									
Total (by year acquired) all furniture, fixtures, machinery, equipment and computers (new or used) still in possession on Jan. 1. Items received as gifts are to be listed in the same manner. If needed, attach additional sheets OR a computer-generated listing of the information below.									
Furniture and Fixtures			Machinery and Equipment			Office Equipment			
Year Acquired	Historical Cost When New**	Good Faith Estimate of Market Value*	Year Acquired	Historical Cost When New**	Good Faith Estimate of Market Value*	Year Acquired	Historical Cost When New**	Good Faith Estimate of Market Value*	Account Number
2017			2017			2017			
2016			2016			2016			
2015			2015			2015			
2014			2014			2014			
2013			2013			2013			
2012			2012			2012			
2011			2011			2011			
2010			2010			2010			
2009			2009			2009			
2008			2008			2008			
2007			2007			2007			
2006			2006			2006			
2005			2005			2005			
2004 & Prior			2004 & Prior			2004 & Prior			
TOTAL:			TOTAL:			TOTAL:			

Computer Equipment			Manufacturing / Heavy Equipment			Other (any other items not listed in other schedules)			
Year Acquired	Historical Cost When New**	Good Faith Estimate of Market Value*	Year Acquired	Historical Cost When New**	Good Faith Estimate of Market Value*	Year Acquired	Description	Historical Cost When New**	Good Faith Estimate of Market Value*
2017			2017			2017			
2016			2016			2016			
2015			2015			2015			
2014			2014			2014			
2013			2013			2013			
2012			2012			2012			
2011			2011			2011			
2010			2010			2010			
2009 & Prior			2009 & Prior			2009 & Prior			
TOTAL:			TOTAL:			TOTAL:			

SCHEDULE F

Only fill out this section if there are assets used by the business, but not owned.

SCHEDULE F: PROPERTY UNDER BAILMENT, LEASE, CONSIGNMENT OR OTHER ARRANGEMENT		
List the name and address of each owner of taxable property that is in your possession or under your management on Jan. 1 by bailment, lease, consignment or other arrangement. If needed, attach additional sheets OR a computer-generated copy listing the information below.		
Property Owner's Name	Property Owner's Address	General Property Description