

TANGIBLE PERSONAL PROPERTY TAX RETURN—RENTAL

IN LIEU OF DR—405 BREVARD R(1/18)

Please complete the following form and return in the enclosed envelope:

1) Name and address of owner or person in charge of the property:

Name: _____

Address: _____

City: _____ State: _____

Zip: _____ Phone: _____

Check here if above is a permanent address change

Federal Employer Identification Number (FEIN)

□	□	□	□	□	□	□	□	□	□
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Social Security Number (SSN)

□	□	□	□	□	□	□	□	□	□	□
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□	□	□	□	□	□	□
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2) Address of physical location of property

3) Is the property used as a rental? Yes No
If yes, complete Section B; If no, complete Section A

4) If this property is not used as a rental, did you or will you apply for a homestead exemption this year? Yes No

5) Please indicate the type of property you are reporting:

- SINGLE FAMILY/TOWNHOUSE CONDO DUPLEX CO-OP MULTI-FAMILY MOBILE HOME

SECTION A: Complete this section if the residence identified by this tax return is not used as a rental. Do not complete Section B. *I certify the foregoing statement to be true, correct and complete.*

SIGNED: _____ DATE: _____

Section B: Complete this section if, and only if this residence is used as rental property.

RETURN TO COUNTY PROPERTY APPRAISER

CLASS OR ITEM	QTY	AGE	YEAR PURCHASED	ORIGINAL COST	TAXPAYER'S ESTIMATE OF CONDITION			TAXPAYER'S ESTIMATE OF FAIR MARKET VALUE	CONDITION	APPRaiser'S USE ONLY
					Good	Average	Poor			
					MUST BE RETURNED BY APRIL 1 TO AVOID PENALTIES					
Refrigerator										
Washer/Dryer										
Housewares/Linens										
Furniture										
Television										
TOTAL PERSONAL PROPERTY										

I hereby certify that the information and valuations stated above by me are true, correct, and complete to the best of my knowledge and belief. If prepared by someone other than the taxpayer, his declaration is based on all information of which he has any knowledge.

PREPARER SIGNATURE: _____ DATE: _____

TAXPAYER SIGNATURE: _____ PENALTY %: _____ DEPUTY: _____



Tangible Personal Property Return Rental

TPP_04
R: 04/12/2022
Page 2 of 2

General Instructions

The absence of homestead exemption on this property indicates that the premises may be used as a rental. Therefore, this form is being mailed to you to verify the status of this property as it relates to the tax assessment of the tangible personal property. This return is intended for the sole purpose of reporting household furnishings, appliances, and personal effects located in the rental units. Such are subject to ad valorem property tax assessment. However, such personal property used exclusively by the owner and/or legal dependents is **not** taxable.

Special attention should be given to question #3 in the questionnaire.

Please print or type except for signature. Round all figures to the nearest whole dollar. If any schedule has insufficient space, attach a separate sheet. If your property was not rented or available for rent as of January 1 of this year, simply complete Section A on the front and return to this office. Your assistance in helping this office comply with its statutory requirements is appreciated.

Section A

Sign and date this section if the residence identified here is **not** used as a rental, do not complete Section B.

Section B

Fill out the schedule in Section B if the residence identified here is used as a rental. Report listed items as they are considered tangible personal property and are not included in your real estate assessment. If you do not know the original cost of the appliances or furnishings, it is acceptable to fill out the Taxpayer's Estimate of Fair Market Value column only. A "0" value is not acceptable. The equipment will have some value as long as it is in use.

If all furnishings, including appliances, are supplied by your tenant, state this fact in Section B of the return. You are subject to assessment only on the property you own and furnish.

The return must be complete. The phrase "same as last year" or similar wording is **not** sufficient. List separately any property physically removed during last year.

Sign and return this form to The Office of the Brevard County Property Appraiser by April 1 to avoid penalties. Use first-class postage.

INFORMATION REGARDING THE TAX LAWS OF FLORIDA

§192.042, F.S. - **Date of assessment** - January 1

§193.062, F.S. - **Date of filing returns** - April 1

§193.072, F.S. - **Penalties** - For failure to file a return, 25% of the total tax levied against the property for each year that no return is filed; for filing after the due date, 5% of the total tax levied against the property covered by that return for each year, for each month, or portion thereof, that a return is filed after the due date, but not to exceed 25% of the total tax; for unlisted property, 15% of the tax attributable to the omitted property. This form is not intended for use by public lodging establishments as defined in F.S. 509.13

Copy for your records and mail original to:

Brevard County Property Appraiser Attn: TPP

P.O. Box 429

Titusville, FL 32781-0429

Fax: 321-264-6721