



ROB MITCHELL
BUSINESS PERSONAL PROPERTY SECTION
319 NORTH MAPLE STREET · SUITE 218
MURFREESBORO, TENNESSEE 37130
TELEPHONE: (615) 898-7761 · FAX: (615) 898-7854

Amended Return Requirements

The following documentation is required before we can consider accepting your Amended Return.

- 1. You must submit a list of all assets used or held for use in your business. You must also submit a complete depreciation schedule.**
- 2. You must submit a letter noting the reason for amending the schedule.**
- 3. All documents must be received in our office on or before September 01, of the year following the tax year being amended.**

If these required documents are not included with your amended schedule, your amendment will not be considered. The assessment you originally received will remain the same.

If you have questions regarding the amended schedule, please call our office at 615-898-7761.

RUTHERFORD COUNTY, TENNESSEE
AMENDED TANGIBLE PERSONAL PROPERTY SCHEDULE (DUE SEPTEMBER 1)

FOR REPORTING
 COMMERCIAL AND INDUSTRIAL PERSONAL PROPERTY

TAX YEAR _____

IN ACCORDANCE WITH TCA 67-5-903(e), TAXPAYERS MAY AMEND A TIMELY FILED PERSONAL PROPERTY SCHEDULE ON OR BEFORE **SEPTEMBER 1** OF THE YEAR FOLLOWING THE TAX YEAR BEING AMENDED.

PROP TYPE DIST MAP NO. GRP CTL MAP PARCEL P/I S/I CITY WARD

BUS NAME _____

ADDRESS _____

CITY, ST., ZIP _____

ASSESSOR'S USE ONLY	
TOTAL APPRAISED VALUE	_____
ASSESSMENT RATIO	X .30
ASSESSMENT _____	
ASMNT TYPE	_____
PARCEL STATUS	_____
SCHEDULE FURNISHED	___/___/___
SCHEDULE RETURNED	___/___/___
DESK AUDITED BY	_____ DATE ___/___/___
FIELD AUDITED BY	_____ DATE ___/___/___
BUSINESS CODE	_____
UNITS TYPE	_____

PART 1: GENERAL DATA (MAKE CHANGES AS NEEDED)

PROPERTY ADDRESS _____

BUSINESS OWNER(S) _____

TYPE OF BUSINESS _____

CONTACT PERSON _____

BUSINESS PHONE: _____

BUSINESS LOCATED: OUTSIDE CITY LIMITS
 (please check one) INSIDE CITY LIMITS (indicate city below)

BUSINESS LICENSE NO. _____

Email Address _____

CITY _____

IF YOU WERE OUT OF BUSINESS IN THIS COUNTY ON JANUARY 1, PLEASE MAKE A NOTE ON THE REVERSE SIDE OF THIS FORM IN THE NOTES SECTION. GIVE US THE DATE OF CLOSURE, SIGN AND DATE AND RETURN THE FORM TO OUR OFFICE, IN ORDER TO AVOID A FORCED ASSESSMENT.

PART II. OWNED PERSONAL PROPERTY

Report all personal property owned by you or held for use in your business or profession as of January 1, including items fully depreciated on your accounting records. Do not report inventories of merchandise held for sale or exchange or finished goods in the hands of the manufacturer.

Personal property leased or rented and used in your business must be reported in PART III of this schedule and not in this section. Property on which you wish to report a nonstandard value must be reported in PART IV of this schedule and not in this section. Qualified pollution control equipment must be reported in Part V of this schedule.

A separate schedule should be filed for each business location.

List the total acquisition cost new for each group below by the year the property was new (typically the year made) in the REVISED COST column. For property purchased as used, if the cost new or year the property was new is not known and cannot reasonably be determined, you may report the actual acquisition cost to you for the year you acquired the property. If COST ON FILE is printed on the schedule, you need only report new cost totals in the REVISED COST column resulting from acquisition or disposition of property.

ALTERNATIVE REPORTING FOR SMALL ACCOUNTS - If you believe the depreciated value of your property is \$1,000 or less, you may use the small account certification (reverse side) as an alternative to reporting detail costs below. With this certification, subject to audit, your assessment per this schedule will be set at \$300.

GROUP 1 - FURNITURE, FIXTURES, GENERAL EQUIPMENT, AND ALL OTHER PROPERTY NOT LISTED IN ANOTHER GROUP	GROUP 4 - AIRCRAFT, BOATS, and TOWERS	GROUP 6 - BILLBOARDS, TANKS AND PIPELINES					
YEAR	COST ON FILE	REVISED COST	DEPR	YEAR	COST ON FILE	REVISED COST	DEPR
			.92				.94
			.88				.88
			.75				.81
			.63				.75
			.50				.69
			.38				.63
			.25				.56
PRIOR			.20				.50
TOTAL			.31				.44
GROUP 2 - COMPUTERS, COPIERS, PERIPHERALS, AND TOOLS							.38
GROUP 3 - MOLDS, DIES AND JIGS				PRIOR			.20
GROUP 5 - MANUFACTURING MACHINERY				TOTAL			.25
GROUP 7 - SCRAP PROPERTY				PRIOR			.20
GROUP 8 - RAW MATERIALS AND SUPPLIES				TOTAL			
GROUP 9 - VEHICLES				YEAR	COST ON FILE	REVISED COST	DEPR
GROUP 10 CONSTRUCTION IN PROCESS							.80
GROUP 1 - FURNITURE, FIXTURES, GENERAL EQUIPMENT, AND ALL OTHER PROPERTY NOT LISTED IN ANOTHER GROUP							.60
GROUP 2 - COMPUTERS, COPIERS, PERIPHERALS, AND TOOLS							.40
GROUP 3 - MOLDS, DIES AND JIGS				PRIOR			.20
GROUP 4 - AIRCRAFT, BOATS, and TOWERS				TOTAL			
GROUP 5 - MANUFACTURING MACHINERY				YEAR	COST ON FILE	REVISED COST	DEPR
GROUP 6 - BILLBOARDS, TANKS AND PIPELINES							.75
GROUP 7 - SCRAP PROPERTY							.60
GROUP 8 - RAW MATERIALS AND SUPPLIES							.40
GROUP 9 - VEHICLES							.20
GROUP 10 CONSTRUCTION IN PROCESS				ALL			.02
GROUP 1 - FURNITURE, FIXTURES, GENERAL EQUIPMENT, AND ALL OTHER PROPERTY NOT LISTED IN ANOTHER GROUP				YEAR	COST ON FILE	REVISED COST	DEPR
GROUP 2 - COMPUTERS, COPIERS, PERIPHERALS, AND TOOLS							.75
GROUP 3 - MOLDS, DIES AND JIGS							.50
GROUP 4 - AIRCRAFT, BOATS, and TOWERS							.25
GROUP 5 - MANUFACTURING MACHINERY				PRIOR			.20
GROUP 6 - BILLBOARDS, TANKS AND PIPELINES				TOTAL			
GROUP 7 - SCRAP PROPERTY				YEAR	COST ON FILE	REVISED COST	DEPR
GROUP 8 - RAW MATERIALS AND SUPPLIES				ALL			.15
GROUP 9 - VEHICLES				YEAR	COST ON FILE	REVISED COST	DEPR
GROUP 10 CONSTRUCTION IN PROCESS				ALL			.15

RETURN THIS SCHEDULE AND ANY ACCOMPANYING DATA TO:

ASSESSOR OF PROPERTY
 RUTHERFORD COUNTY
 319 N MAPLE 2ND FL
 MURFREESBORO, TN 37130

APPRAISAL LAST YEAR _____
 ASSESSMENT LAST YEAR _____

SIGN THIS SCHEDULE ON THE REVERSE SIDE

PART III. LEASED PERSONAL PROPERTY- Report all items leased or rented by you for the conduct of your business as of January 1 regardless of any contract between the Lessor and Lessee as to who shall pay the taxes. Leased Personal Property is to be assessed to the Lessee.

GRP	ITEM DESCRIPTION MAKE AND MODEL NUMBER SERIAL NUMBER	ITEM COST	LEASE TERM YEAR LEASE BEGAN	MONTHLY RENT	LEASE TYPE	LESSOR'S LEASE NUMBER	LESSOR NAME & ADDRESS
					Operating Capital Other		
					Operating Capital Other		
					Operating Capital Other		
					Operating Capital Other		
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					Operating Capital Other		

PART IV. OWNED ITEMS WITH NONSTANDARD VALUE- Report property on which you wish to report a value different from standard depreciated cost where such value more closely reflects fair market value. Include evidence to support the request for a non-standard value, such as a recent appraisal or a value from an authoritative price or valuation guide. Such evidence will be considered in any determination of a nonstandard value. If additional space is needed, attach a separate sheet using the same format.

GRP	ITEM DESCRIPTION	YEAR MADE	ACQUISITION COST	DEPR FACTOR	VALUE AS OF JANUARY 1	DEPR	ASSESSOR'S USE ONLY VALUE
IF ADDITIONAL SPACE IS NEEDED, ATTACH A SEPARATE SHEET USING THE SAME FORMAT				TOTAL			

PART V. POLLUTION CONTROL - Report pollution control equipment qualified under T.C.A. 67-5-604 (enclose copy of certificate) Such equipment will be valued at one-half percent of cost.

ACQUISITION COST	CERTIFICATE YEAR	CERTIFICATE EXPIRES

NOTES:

CHECK HERE IF BUSINESS HAS CLOSED
DATE OF CLOSURE: _____

SMALL ACCOUNT CERTIFICATION (OPTIONAL) - By checking the box at left, I certify that the total depreciated value of my property (all groups) is \$1000 or less. I understand this certification is subject to penalties for perjury and I may be subject to statutory penalty and cost if this certification is proven false.
With this certification, subject to audit, your assessment per schedule will be set at \$300.

I certify that the information contained herein, including any accompanying schedules or data, is true, correct, and complete, to the best of my knowledge and belief.

PRINT NAME _____ PRINT TITLE _____
SIGNED _____ TITLE _____ DATE _____

REMINDER: THIS SCHEDULE IS DUE ON OR BEFORE SEPTEMBER 1