

Maries County Missouri  
 Assessment Form  
 Ph# 573-422-3540

**Important: Failure to Return Before March 1 WILL Cause a Penalty**

LIST ALL TANGIBLE PERSONAL PROPERTY BELONGING TO OR UNDER YOUR CONTROL ON THE FIRST DAY OF JANUARY, 2011

Please Correct Address if Incorrect

ASSESSED VALUE	PENALTY
0 - \$1,000	\$10
\$1,001 - \$2,000	\$20
\$2,001 - \$3,000	\$30
\$3,001 - \$4,000	\$40
\$4,001 - \$5,000	\$50
\$5,001 - \$6,000	\$60
\$6,001 - \$7,000	\$70
\$7,001 - \$8,000	\$80
\$8,001 - \$9,000	\$90
\$9,001 and above	\$100

**Real Estate Changes**

Have you built any buildings in 2010? Yes No

What type of building? \_\_\_\_\_

Cost of Building? \_\_\_\_\_ Size \_\_\_\_\_

Have any Buildings been Remodeled? Describe: \_\_\_\_\_

Have any Buildings been torn down? Describe: \_\_\_\_\_

Do you live inside City Limits? Yes No

LIST BELOW ONLY ADDED ITEMS THAT ARE NOT LISTED IN THE PRE-PRINTED BOX AT LEFT

Physical Address: \_\_\_\_\_

**PLEASE FOLLOW THESE INSTRUCTIONS**

PLACE A CHECK IN THE BOX AT LEFT IF PROPERTY IS UNCHANGED.  
 DRAW A LINE THROUGH ITEMS LISTED THAT YOU DID NOT OWN OR CONTROL ON JANUARY 1ST.  
 LIST BELOW ONLY ADDED ITEMS THAT ARE NOT LISTED IN THE PRE-PRINTED BOX AT LEFT.

AUTO	<b>HISTORIC VEHICLE</b>			
	Year	Make	Model	
	<b>VEHICLES</b>			
	Year	Make	Model	2 door 4 door
TRUCK	Year	Make	Model	
	Year	Make	Model	
	Year	Make	Model	
TRUCK	<b>TRUCKS</b>			4x4 EXT CAB
	Year	Make	Model & Ton	
	Year	Make	Model & Ton	
COMMERCIAL VEHICLES	<b>COMMERCIAL TRUCKS &amp; BUSES (OVER 1 TON)</b>			
	Year	Make	GVW	Axle
	Year	Make	GVW	Axle
	No. Total Miles		No. Missouri Miles	
	<b>LICENSED COMMERCIAL TRAILERS</b>			
	Year	Alum. Van	Lgth.	
Year	Flat	Lgth.		
Year	Other Model	Lgth.		
TRAILER	<b>LICENSED STOCK, BOAT, UTILITY &amp; HORSE TRAILERS</b>			
	Boat: Year	Make	Axle	Lgth.
	Utility: Year	Make	Axle	Lgth.
	Horse: Year	Make	Lgth.	# of Horses
Living Quarters	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Other: Year	Type	Axle	Lgth.	
RV	<b>LICENSED RECREATIONAL VEHICLES &amp; TRAILERS</b>			
	Motor Home: Yr.	Make	Model	Lgth.
	5th Wheel: Yr.	Make	Model	Lgth.
	Up Right: Yr.	Make	Model	Lgth.
Fold Down: Yr.	Make	Model	Lgth.	

**CONTINUED ON BACK**

**PLEASE RETURN TO THE ASSESSORS OFFICE By January 31st**

# BUSINESS ASSESSMENT LIST

**BUSINESS INFORMATION**  
 LIST ACTUAL PHYSICAL LOCATION AND TELEPHONE NUMBER OF PROPERTY COVERED BY THE RETURN (STREET ADDRESS, NOTE PO BOX NUMBER)

STREET ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE												
IS BUSINESS LOCATED WITHIN THE INCORPORATED LIMITS OF A CITY?		YES	NO	NAME OF BUSINESS												
Type of business																
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Retail</td> <td style="width: 15%;">Wholesale</td> <td style="width: 15%;">Leasing/Rental</td> <td style="width: 15%;">MFG.</td> <td style="width: 15%;">Service</td> <td style="width: 15%;">Other</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>					Retail	Wholesale	Leasing/Rental	MFG.	Service	Other						
Retail	Wholesale	Leasing/Rental	MFG.	Service	Other											

**PERSONAL PROPERTY SUMMARY**  
 This is a summary schedule only. Please itemize in detail by line item number on schedule below.

ITEM	original cost	Please list below any leased or rented equipment in your possession. The terms of your lease or rental contract may determine tax liability. This section is designed to ensure that the property is assessed to the proper owner. You may wish to attach a separate list or a copy of your lease.			
1. Office furniture, machines, and library	\$	ITEM	DATE OF LEASE	LENGTH OF LEASE	Owners Name & Address
2. Store, bar & lounge, restaurant equipment	\$				
3. Machinery and manufacturing equipment	\$				
4. Professional, medical, dental, and laboratory equipment	\$				
5. Hotel, motel, apartment and rental units (household goods)	\$				
6. Service station and bulk plant equipment, lifts, tools, etc.	\$				
7. Pollution control equipment	\$				
8. EDP equipment, computers, word processors, telecommunications equipment, etc.	\$				
9. Equipment owned by you but rented or leased to others	\$				
10. Video movies, tapes, or game machines	\$				
11. Movable construction equipment	\$				
12. Supplies not held for resale	\$				
13. Others Please specify	\$				
<b>TOTAL VALUE OF BUSINESS PERSONAL PROPERTY &gt;</b>	\$				

**Vehicles:** Please list below all licensed, non-licensed and other motorized vehicles held by your business.  
 Attach additional schedule if necessary.

Year	Manufacturer	Model	2WD OR 4WD	Type or Style	No. of Axles	No. Cyl.	% VALUE	ASSESSOR'S USE ONLY ASSESSED VALUE

Tangible personal property tax schedules (From personal property summary above). Please itemize individual items below. Attach additional schedule if necessary.

Line Item Number	Description of item	ORIGINAL COST	AGE	Year of Purchase	CONDITION			ASSESSOR'S USE ONLY	
					GOOD	AVG	POOR	% VALUE	ASSESSED VALUE

I, the undersigned, do solemnly swear, or affirm, that the foregoing list contains a true and correct statement of all the tangible personal property made taxable by the laws of the state of Missouri, which I owned or which I had under my charge or management on the first day of January 2010. I further solemnly swear, or affirm, that I have not sent or taken, or caused to be sent or taken, any property out of this state to avoid taxation. So help me God.

SIGN HERE  \_\_\_\_\_ Date \_\_\_\_\_  
 Mailing Address for Tax Statement: (If Different From Above) \_\_\_\_\_  
 Please Use an envelope for business list

## NOTICE ASSESSMENT LIST OF MARIES COUNTY, MO

The person listing their property shall enter a true and correct statement of the property owned by them or under their management and control on the first day of January. The list after being filled out, shall be SIGNED and AFFIRMED to, and then delivered to the Assessor EITHER BY MAIL or IN PERSON.  
 List only that property owned by you or under your control on the first day of January. Any Personal Property acquired after that date does not apply to the current years assessment. Attach additional list if necessary.  
 If more than one list is needed at this residence, please notify the Assessor's Office and give the name and address of the person who is required to list their property. Phone 573-422-3540  
 THIS LIST MUST BE FILLED OUT, SIGNED AND RETURNED TO THE ASSESSOR'S OFFICE BY MARCH 1.  
 LAWS OF MISSOURI 1992 PROVIDE IF ANY PERSON WILLFULLY REFUSES OR NEGLECTS TO RETURN THIS LIST, THE PROPERTY OF SUCH PERSON SHALL BE ASSESSED DOUBLE.

FROM \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PLACE  
 STAMP  
 HERE

MAIL TO: Judy Honse  
 Maries County Assessor  
 P.O. Box 188  
 Vienna, MO 65582