

STATEMENT OF PERSONAL PROPERTY

SUBJECT TO ASSESSMENT IN THE CITY OF MADISON, JANUARY 1, 2021

PROPER SCHEDULES MUST BE FILLED IN COMPLETELY BEFORE THIS STATEMENT WILL BE ACCEPTED.

(If the spaces provided are not adequate to disclose all details, submit the details in separate schedules.)

<p style="text-align: center;">RETURN BY MARCH 1, 2021 TO THE ASSESSOR</p> <p style="text-align: center;">personalproperty@cityofmadison.com</p>	<p style="text-align: center;">OFFICE OF THE CITY ASSESSOR 210 Martin Luther King Jr. Blvd # 101 Madison, WI 53703-3342</p> <p>OFFICE #: (608) 266-4527 FAX #: (608) 266-4257</p>
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PERSONAL PROPERTY BELONGING TO:

OWNERSHIP INFORMATION

NAME OF BUSINESS IF DIFFERENT THAN LABEL: _____

DBA (Doing Business as) NAME: _____

OWNERSHIP TYPE: Sole Owner Partnership LLP
 Corporation LLC Other: _____

NAME(S) OF SOLE OWNER OR PARTNERS: _____ BUSINESS PHONE: _____

BUSINESS DESCRIPTION: _____ NAICS CODE: _____

ADDRESS WHERE PERSONAL PROPERTY IS LOCATED: (When property is at more than one location, please submit separate statements.)

OWNERSHIP CHANGE: (If you no longer own this property, please write the new owner's name and address and the date the change of ownership was effective in the space provided below and return it to the Office of the City Assessor.)

_____/_____/_____
Date Effective Name of New Owner

Mailing Address (Street, City, State, Zip Code) of New Owner

IF YOU OWN THE REAL ESTATE THAT YOU OCCUPY, DO NOT COMPLETE ITEMS 1 THROUGH 6 BELOW.

1) Square Foot Area of Leased Space?	2) Term: From _____ To _____	3) Base Rental: \$ _____ per/mo. or per/yr.	4) Is there a percentage rent clause? (% sales) <input type="checkbox"/> Yes <input type="checkbox"/> No
5) Option to Renew: Date _____	6) Tenant Pays: <input type="checkbox"/> Electric <input type="checkbox"/> Heat <input type="checkbox"/> Real Estate Taxes <input type="checkbox"/> Other _____		

SCHEDULE A - Leased or Loaned Property in Your Possession (Attach additional sheets if necessary.)

OWNER'S NAME & ADDRESS	DESCRIPTION OF ITEMS	LEASE TERM	ESTIMATED MARKET VALUE
		From: _____ To: _____	
		From: _____ To: _____	
		From: _____ To: _____	
		From: _____ To: _____	

SCHEDULE B - Leasehold Improvements (Round to Dollars.)

YEAR IMPROVEMENTS WERE MADE	DESCRIPTION OF LEASEHOLD IMPROVEMENTS	ORIGINAL INSTALLED COST	10	FOR ASSESSOR'S USE ONLY
2020			2020	.925
2019			2019	.794
2018			2018	.695
2017			2017	.602
2016			2016	.512
2015			2015	.439
2014			2014	.377
All PRIOR Years			PRIOR	.143

SCHEDULE G - Supplies

TOTAL SUPPLIES PURCHASED LAST YEAR\$	TOTAL
JANUARY 1, 2021 SUPPLIES.....\$	SUPPLIES
DATE	ALL OTHER
I, the undersigned, declare under penalties of law that I have personally examined this statement and to the best of my knowledge and belief, it is true, correct and complete.	Reviewed by: _____ Date: _____

PREPARER (Please Print) _____ Company	SIGNATURE _____	PHONE (with extension) _____
Email: _____		
OWNER/OFFICER (Please Print) _____ Title	SIGNATURE _____	PHONE (with extension) _____
Email: _____		

SCHEDULE D - Machinery, Tools & Patterns (Do not include licensed motor vehicles - they are exempt.)

	Column 1	Column 2	Column 3		
YEAR ACQUIRED	ORIGINAL INSTALLED COST	DISPOSALS & TRANSFERS AT COST Jan. 1, 2020 to Jan. 1, 2021	FULL ORIGINAL COST at Jan. 1, 2021 (Total Column 1 & Column 2)	10	FOR ASSESSOR'S USE ONLY
2020					
DO NOT REPORT					
2012					
2011					
All PRIOR Years				PRIOR	
TOTAL				TOTAL	

SCHEDULE E - Furniture, Fixtures & Office Equipment (Do not include licensed motor vehicles - they are exempt.)

	Column 1	Column 2	Column 3		
YEAR ACQUIRED	ORIGINAL INSTALLED COST	DISPOSALS & TRANSFERS AT COST Jan. 1, 2020 to Jan. 1, 2021	FULL ORIGINAL COST at Jan. 1, 2021 (Total Column 1 & Column 2)	10	FOR ASSESSOR'S USE ONLY
2020				2020	.925
2019				2019	.794
2018				2018	.695
2017				2017	.602
2016				2016	.512
2015				2015	.439
2014				2014	.377
2013				2013	.324
2012				2012	.277
2011				2011	.242
All PRIOR Years				PRIOR	.143
TOTAL				TOTAL	

SCHEDULE F1 - Computer Equipment & Software, Cash Registers and Single Function Fax Machines

(Exempt per section 70.11(39) WI Stats., if properly reported. Subject to tax or penalty if not reported. See instructions.)

	Column 1	Column 2	Column 3		
YEAR ACQUIRED	ORIGINAL INSTALLED COST	DISPOSALS & TRANSFERS AT COST Jan. 1, 2020 to Jan. 1, 2021	FULL ORIGINAL COST at Jan. 1, 2021 (Total Column 1 & Column 2)	4	FOR ASSESSOR'S USE ONLY
2020					
DO NOT REPORT					
All PRIOR Years				PRIOR	
TOTAL				TOTAL	

SCHEDULE F2 - Multi-Function Fax Machines, Copiers, Telephone Systems and Equipment with embedded computerized components.

	Column 1	Column 2	Column 3		
YEAR ACQUIRED	ORIGINAL INSTALLED COST	DISPOSALS & TRANSFERS AT COST Jan. 1, 2020 to Jan. 1, 2021	FULL ORIGINAL COST at Jan. 1, 2021 (Total Column 1 & Column 2)	6	FOR ASSESSOR'S USE ONLY
2020				2020	.875
2019				2019	.663
2018				2018	.512
2017				2017	.391
2016				2016	.294
2015				2015	.223
All PRIOR Years				PRIOR	.124
TOTAL				TOTAL	

Personal Property Account Number:

