

MATT DAUGHERTY
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AVOID PENALTY Return by March 1st

2026 BUSINESS ASSESSMENT LIST

Dear Business Owner / Manager: You are required by law to provide a list, indicating *type, year purchased* and *original cost*, for all tangible personal property, e.g. Vehicles, Computers & Office Equipment, Furniture, Fixtures, Manufacturing Equip. & Tooling, etc., belonging to you or under the control of your company in Stone County, Missouri, on Jan. 1st. Complete this form, sign and return it **before March 1st** to avoid penalty.
Follow instructions below and on back.

|||||
MATT DAUGHERTY
STONE COUNTY ASSESSOR
PO BOX 135
GALENA MO 65656-0135

IS BUSINESS LOCATED WITHIN THE INCORPORATED LIMITS OF A CITY?

☐ YES☐ NO

TYPE OF BUSINESS:

☐ RETAIL☐ WHOLESALE☐ LEASING/RENTAL☐ MANUFACTURING☐ SERVICE☐ OTHER

LIST ACTUAL PHYSICAL LOCATION AND TELEPHONE NUMBER OF PROPERTY COVERED BY THIS RETURN (NOT P.O. BOX)

Street Address

City

State


Zip Code

Telephone
()

IMPORTANT: Last year you reported the property shown below.
1. Please draw a line through any items you **did NOT own on Jan. 1st** -->
2. List **ANY items NOT SHOWN** in this box in the areas below or on back.

HOW TO REMOVE AN ITEM:

4904FORD F 400 XL FD7QA61035550257
↑ EXAMPLE ↑



Please add VIN if missing from items shown in this box. Add VIN to any newly purchased items you list below or on back. This 17-digit number can be found on your insurance card.

*****Do not re-list any items that appear correctly in box above.*****

ATTENTION! This return will be used by your county assessor to determine the taxable value of your business personal property. You are required by law to provide a list of items by property type indicating **year purchased** and **original cost** for **all** business equipment including Vehicles, Large Equipment, Computers & Office Equipment, Furniture & Fixtures, Manufacturing Equipment & Tooling, etc. This list is subject to audit. To assure a fair and accurate assessment of your equipment, and to avoid having to list each item on this form, **PLEASE ATTACH YOUR COMPANY’S COMPLETE AMORTIZATION SCHEDULE.**

VEHICLES, TRAILERS, CAMPERS, ETC., INCLUDING HISTORIC VEHICLES									
YEAR	MAKE	MODEL / SERIES / TYPE	X-CAB / CLUB	4WD / AWD	TRL. HMDE	TRL. HITCH	TRL. LENGTH	VIN (Vehicle Identification Number)	
			Y N	Y N					
			Y N	Y N					
			Y N	Y N					
			Y N	Y N					
			Y N	Y N					
			Y N	Y N					
			Y N	Y N					
Auto Repair Equipment			Computer Hardware		Game/Arcade Machines		Meat Processing Equ		Office Furniture & Fixtures
Billboards & Signs			Computer Software		Hand Tools		Medical & Dental Equip		Office Machines & Equip.
Bulldozer/Backhoe/Loader			Construction Mach & Equip		Hotel, Motel, Apt. Rental		Misc. Equipment		Point-of-Sale Equipment
Car Wash Equipment			Copier/Printer/Fax Machines		Manufacturing Equip.		Misc. Supplies		Store, Restaurant, Bar Equ
									Telephone Equipment
									Vending Machines
									Video Games & Movies

LIST OF BUSINESS EQUIPMENT (Indicate Type from examples above)			YR. OF PURCHASE	ORIGINAL COST

EQUIPMENT LEASED TO OTHERS	LIST ADDITIONAL PROPERTY ON BACK			LEASED BUSINESS PERSONAL PROPERTY SUMMARY	
	DESCRIPTION	YR. ACQUIRED	ACQ. 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.	
				Item:	
				Lessor’s Name, Addr. & Phone #:	

MODEL YEAR	VEHICLE / EQUIP. TYPE: <i>e.g. Auto, Truck, Tractor, Trailer, Etc.</i>	MAKE & MODEL <i>Ford F-150, etc.</i>		STYLE <i>LE</i>	# DRS <i>2-Dr 4-Dr</i>	DRV <i>2WD 4WD</i>	CAB <i>Crew Ext. Sngl.</i>	GVW / TONS	# AXLES	LENGTH: TRAILERS	MO MILES	TOTAL MILES	OFFICE USE ONLY

HEAVY EQUIPMENT	DESCRIPTION	YEAR	MAKE	MODEL	4X4	HP	ENGINE <i>(circle)</i>		ORIG. COST
	FORKLIFTS				YES NO		Gas Diesel	\$	
	BACKHOES				YES NO		Gas Diesel	\$	
	DOZERS				YES NO		Gas Diesel	\$	
	DRILLING EQUIPMENT				YES NO		Gas Diesel	\$	
	OTHER CONST. EQUIP.				YES NO		Gas Diesel	\$	
	TRACTOR				YES NO		Gas Diesel	\$	
BRUSH HOG				YES NO		Gas Diesel	\$		

Attach additional sheet if necessary.

LIVESTOCK	TYPE	NO.	TYPE	NO.	TYPE	NO.	
	CALVES (0-11 mo.)		PIGS (0-120 lb.)		GOATS		
	COWS / BULLS (2+ yrs.)		BARROWS		DOGS (NOT PETS)		
	YEARLINGS (1 - 2 yrs.)		ASSES / JENNIES / MULES		LLAMA/ALPACA		
	LAMBS / SHEEP		SOWS / BOARS		BISON		
	HORSES (2+ yrs.)		POULTRY		BEE COLONIES		
	COLTS (1 - 2 yrs.)		EMU / OSTRICH		OTHER LIVESTOCK		

SLEEPERS / KITCHENETTES / HOTELS / MOTEL ROOMS	ASSESSOR
QUANTITY:	
QUANTITY:	

BOATS / WATERCRAFT	YEAR	MAKE	MODEL	HULL MTL. <i>(Circle)</i> FIBERGLASS ALUM. WOOD	LENGTH	MOTOR TYPE <i>(Circle)</i> OUTBOARD I/O INBOARD	HP	HULL ID / SERIAL NUMBER	OFFICE USE
BASS BOAT									
BASS BOAT									
PONTOON BOAT									
PONTOON BOAT									
HOUSEBOAT / CRUISER									
HOUSEBOAT / CRUISER									
MISC. BOAT									
MISC. BOAT									
I / O BOAT / DECK BOAT									
I / O BOAT / DECK BOAT									
MOTORS									
MOTORS									
PERSONAL WATERCRAFT									
PERSONAL WATERCRAFT									

1	BOAT DOCK (PERMIT NO.)			2	BOAT DOCK (PERMIT NO.)		
	YEAR BUILT	LENGTH	WIDTH		YEAR BUILT	LENGTH	WIDTH
	BOAT LIFT		BOAT LIFT				

AIRPLANE	YEAR	MAKE	MODEL / TYPE	HR. / LAST YR.	MAX CERT.GROSS TAKEOFF WT.	PURCHASE	ASSESSOR

Enterprise Zone: If your facility is located in an Enterprise Zone, please provide a list showing acquisition date by year and cost for tools and equipment used for pollution control, and for tools and equipment used in retooling to introduce new product line or to make improvements to an existing product line.

List your Standard Industrial Classification (SIC) code: _____

AGENT OR PREPARER'S INFORMATION		
NAME		ADDRESS
CITY, STATE, ZIP CODE		TAX I.D. NUMBER

I, _____, <input type="checkbox"/> President <input type="checkbox"/> Treasurer <input type="checkbox"/> Owner <input type="checkbox"/> Manager <input type="checkbox"/> Other _____	
of _____, 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. 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.	
Signed _____	Date _____
<input type="checkbox"/> I have listed additional property on sheet attached.	

Failure to return your Assessment List will result in a Penalty:

Late personal Property Lists – Sec. 137.280 RSMO states, in part, if any taxpayer neglects or refuses to deliver, by **MARCH 1**, an itemized statement or list of all the taxable tangible personal property signed and certified by the taxpayer, the owner of the property which ought to have been listed shall be assessed a **PENALTY** based on the assessed value of the property that was not reported as follows:

SECTION 137.285 PROVIDES FOR DOUBLING OF YOUR ASSESSMENT IF YOU FILE A FRAUDULENT LIST.

ASSESSED VALUE	PENALTY	ASSESSED VALUE	PENALTY
0 – \$1,000	\$15	\$5,001 – \$6,000	\$65
\$1,001 – \$2,000	\$25	\$6,001 – \$7,000	\$75
\$2,001 – \$3,000	\$35	\$7,001 – \$8,000	\$85
\$3,001 – \$4,000	\$45	\$8,001 – \$9,000	\$95
\$4,001 – \$5,000	\$55	\$9,001 and above	\$105