2025 TAX YEAR PERSONAL PROPERTY LISTING



ROSS NIELSON, ASSESSOR LEWIS COUNTY 351 NW NORTH ST CHEHALIS, WASHINGTON 98532-1926 (360) 740-1410

DATE DUE

APRIL 30, 2024

PENALTY

5% penalty for each month after due date up to 25%. Willful failure to file return form 100% penalty.

IT IS UNLAWFUL TO SELL PERSONAL PROPERTY LISTED WITHOUT PAYING TAX IN ADVANCE.

| MAIL TO | | SUPPLIES INVENTORY LIST AT 100% |
|--|-------------------------------|--|
| Account No.: Business Name and Address: | _ Tax Code Area: Use Code: | January, 1, 2024 Inventory (yearly supplies divided by 12) INVENTORY NOT HELD FOR SALE, supplies and materials not normally held for sale or which do not become an ingredient or component of an article being produced for sale. Enter Amount: \$ |
| Personal Property Location: | UBI#: | Partnership Corporation Sole Ownership If sole owner of this reported property, are you YesNo 1. The head of family? YesNo 2. A widow or widower? YesNo 3. A citizen over 65 yrs. of age with 10 yrs cont. state residence? YesNo 4. Claiming this exemption on any other form in this or other county? YesNo |
| Line No. Schedule | Description | Purchase Year Purchase Amount |
| | Listin | g for 2025 Tax Year |
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| PLEASE ATTACH A COPY OF YOUR I.R.S. DEPRECIATION SCHEDULE | | | | |
|--|-------------------------------|----------------|--|--|
| AFFIDAVIT: I declare under penalties of perjury that this return (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct and complete listing of all taxable personal property (including consigned merchandise and leased equipment) in LEWIS COUNTY owned, held or controlled by me as of January 1st. | | | | |
| THIS LISTING AND STATEMENT | Owner or Agent (Signature): X | | | |
| CANNOT BE ACCEPTED IF NOT SIGNED BY THE PROPERTY OWNER | Owner or Agent (Print): | Phone Number: | | |
| OR A DULY AUTHORIZED AGENT. | Date: | Email Address: | | |
| THIS RETURN SUBJECT TO AUDIT AND VERIFICATION BY THE COUNTY ASSESSOR AND STATE DEPARTMENT OF REVENUE | | | | |
| THE CONTENTS OF THIS FORM CONFORM TO THE STANDARDS AS PRESCRIBED BY THE STATE DEPARTMENT OF REVENUE | | | | |
| YOU WILL RECEIVE A PERSONAL PROPERTY ASSESSMENT NOTICE | | | | |