



PERSONAL PROPERTY LISTING

PENALTY

DIANNE DOREY, ASSESSOR
LEWIS COUNTY
351 NW NORTH ST MS:ASR01
CHEHALIS, WASHINGTON 98532-1926
(360) 740-1410

DATE DUE
APRIL 30, 2022

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.: _____	Tax Code Area: _____	January, 1, 2021	Inventory (yearly supplies divided by 12)
Business Name and Address: _____	Use Code: _____	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: _____		<input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Ownership	
Real Estate Parcel No.: _____	UBI#: _____	If sole owner of this reported property, are you	
		1. The head of family?..... <input type="checkbox"/> Yes <input type="checkbox"/> No 2. A widow or widower?..... <input type="checkbox"/> Yes <input type="checkbox"/> No 3. A citizen over 65 yrs. of age with 10 yrs cont. state residence? ... <input type="checkbox"/> Yes <input type="checkbox"/> No 4. Claiming this exemption on any other form in this or other county? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Line No.	Schedule	Description	Purchase Year	Purchase Amount
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Listing for 2023 tax year

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 CANNOT BE ACCEPTED IF NOT SIGNED BY THE PROPERTY OWNER OR A DULY AUTHORIZED AGENT.

Owner or Agent (Signature): **X** _____
 Owner or Agent (Print): _____ Phone Number: _____
 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