JOHN ULIBARRI • County Assessor
Machel Maycock • Chief Deputy Assessor
2380 Washington Blvd. STE 380
Ogden, UT 84401
Phone: (801) 399-8572 Fax: (801) 399-8308 www.co.weber.ut.us/assessor/personalprop

ACCOUNT # _____

SCHEDULE A: PERSONAL PROPERTY/ACQUIRED OR DISPOSED OF IN 2011

PART 1 – PERSONAL PROPERTY ACQUIRED DURING 2011

DESCRIBE EACH ITEM OF PERSONAL PROPERTY ACQUIRED , WHICH HAS NOT BEEN PREVIOUSLY REPORTED OR IS NOT ON THE EXISTING EQUIPMENT LISTING. IDENTIFY THE ACQUISITON AND CALCULATE THE MARKET VALUE USING THE PERSONAL PROPERTY VALUATION SCHEDULES ENCLOSED.

PROPERTY CODE	ITEM DESCRIPTION PLEASE BE SPECIFIC	YEAR ACQUIRED	COST OR PURCHASE PRICE	X QUANTITY	X DEPRECIATION (SEE SCHEDULES)	= MARKET VALUE

ATTACH SEPARATE SHEET(S) IF NECESSARY

LINE 1: TOTAL **MARKET VALUE** OF PROPERTY ACQUISITIONS _____

PART 2 – PERSONAL PROPERTY DISPOSED OF DURING 2011

PROPERTY CANNOT BE DELETED IN THIS SECTION UNLESS IT IS PRINTED ON EQUIPMENT LISTING

DESCRIBE EACH ITEM OF PERSONAL PROPERTY DISPOSED OF IN 2011. IDENTIFY THE COST TO BE DELETED AND CALCULATE THE MARKET VALUE USING THE VALUATION SCHEDULES AND THE EQUIPMENT LISTING ENCLOSED WITH YOUR PACKET.

PROPERTY CODE	ITEM DESCRIPTION PLEASE BE SPECIFIC	YEAR ACQUIRED	COST OR PURCHASE PRICE	X QUANTITY	X DEPRECIATION (SEE SCHEDULES)	= MARKET VALUE

ATTACH SEPARATE SHEET(S) IF NECESSARY

LINE 2: TOTAL **MARKET VALUE** OF PROPERTY DISPOSED OF (_____)

LINE 3: LINE 1 MINUS LINE 2. TRANSFER THIS AMOUNT TO LINE 2 ON AFFIDAVIT _____

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LEASED OR RENTED EQUIPMENT

LIST ITEMIZED LEASED OR RENTED EQUIPMENT BELOW. (DO NOT TRANSFER ANY TOTALS TO THE AFFIDAVIT)

NOTE: IF YOUR EQUIPMENT IS CONSIDERED A *"CONDITIONAL SALE LEASE"*, MAKE SURE IT IS LISTED ON THE AFFIDAVIT OR LIST IT ON SCHEDULE A IN THE *EQUIPMENT ACQUIRED* AREA. YOU ARE REQUIRED TO LIST AND PAY TAXES ON THIS EQUIPMENT AS IF IT WERE OWNED BY YOU.

NAME AND ADDRESS OF LESSOR LEASE AGREEMENT NUMBER	TYPE AND QUANTITY	DATE OF LEASE	TERMS OF LEASE	COST AT START	ANNUAL RENT

ATTACH SEPARATE SHEET(S) IF NECESSARY

Business Change Form

Business Name _____ Account _____

Owner _____ Telephone _____

Mailing Address _____

Physical Address _____

Contact Person _____ _____

Telephone _____ E-Mail _____

CHANGE OF ADDRESS

Previous Address _____

New Address _____

BUSINESS NAME CHANGED

Previous Name _____

New Name _____

SOLD BUSINESS

Date Business Sold _____ Business at same location? Yes No

Who has possession of equipment? _____

CLOSED BUSINESS

Date Business ceased operating: _____ Business License cancelled? Yes No

What happened to the Equipment? _____

FILED BANKRUPTCY

What is the case number? _____ Status of Filing _____

Date of Bankruptcy _____ Business in operation? Yes No

Utah Code: 59-2-307- ... any person who does not file a signed statement shall pay a penalty equal to 10% of the estimated tax due, but not less than $25 for each failure to file a signed and completed affidavit. The penalty imposed by this section may not be waived or reduced by the assessor, county commission, or county board of equalization.