



JOHN ULIBARRI • County Assessor

Joseph H. Olsen • Chief Deputy Assessor

2380 Washington Blvd. STE 380

Ogden, UT 84401

Phone: (801) 399-8572 Fax: (801) 399-8308 www.webercountyutah.gov/Assessor/pproperty.php

ACCOUNT # _____

SCHEDULE A: PERSONAL PROPERTY ACQUIRED OR DISPOSED OF IN 2016

PART 1 – PERSONAL PROPERTY ACQUIRED DURING 2016

DESCRIBE EACH ITEM OF PERSONAL PROPERTY ACQUIRED, WHICH HAS NOT BEEN PREVIOUSLY REPORTED OR IS NOT ON THE EXISTING EQUIPMENT LISTING. IDENTIFY THE ACQUISITION 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 2016

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

DESCRIBE EACH ITEM OF PERSONAL PROPERTY DISPOSED OF IN 2016. 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 SIGNED STATEMENT _____



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LEASED OR RENTED EQUIPMENT

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

NOTE: IF YOUR EQUIPMENT IS CONSIDERED A "CONDITIONAL SALE LEASE" MAKE SURE IT HAS PREVIOUSLY BEEN REPORTED OR LIST IT ON THE 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	EQUIPMENT DESCRIPTION	STARTING DATE OF LEASE	COST AT START DATE

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

☐ Mailing ☐ Location

Previous Address _____

New Address _____ When _____

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- ... Each person who fails to file the 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 statement. The penalty imposed by this section may not be waived or reduced by the assessor, county commission, or county board of equalization.