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Return to:
Harris Central Appraisal District
Business & Industrial Property Div.
PO Box 922007
Houston TX 77292-2007

CABLE SYSTEM PROPERTY RENDITION CONFIDENTIAL January 1, 2025



Form 22.15 CBL (10/24)

For assistance, please refer to important information and instruction sheet.

Part 1. Property Owner Name, Business Name, Address, Phone and Physical Location or Situs [Required]:

Business Name _____		Business Owner _____		Account Number _____	
Mailing Address, City, State, Zip Code _____				iFile™ Number _____	
Property Location Address, City, State, Zip Code _____				Agent Name _____	
Phone (area code and number) _____				Agent ID# _____	

Part 2. Business Information: Please address all that apply. Optional but very important.

Sales Tax Permit Number _____	Business Start Date at Location _____	Business Closed Date _____	If business closed, were assets still in place as of Jan 1? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Square Feet Occupied _____	Business Description _____	Ownership Type	Business Type	<input type="checkbox"/> The business owned no taxable assets in Harris County as of Jan 1	
Business Sold Date _____	New Owner _____	<input type="checkbox"/> Individual	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> This is a new business or location for the above tax year	
Business Moved Date _____	New Location, City, State, Zip Code _____	<input type="checkbox"/> Corporation	<input type="checkbox"/> Wholesale		
		<input type="checkbox"/> Partnership	<input type="checkbox"/> Retail		
		<input type="checkbox"/> Other	<input type="checkbox"/> Service		

Part 3. Affirmation of Prior Year Rendition: (Check only if applicable and your assets were exactly the same as the prior rendition form.)

By checking this box, I affirm that the information contained in the most recent rendition statement filed for a prior tax year (the _____ tax year) continues to be complete and accurate for the current tax year. [If checked, you may skip to Part 6. "Signature and Affirmation"]

Part 4. Description of Assets: A description of assets is required unless you checked Part 3 of this form. Please check all that apply.

<input type="checkbox"/> Cable	<input type="checkbox"/> Converters	<input type="checkbox"/> Furniture & Equipment	<input type="checkbox"/> Towers	Location (if different from above) _____
<input type="checkbox"/> Drops	<input type="checkbox"/> Test Equipment	<input type="checkbox"/> Headend Equipment	<input type="checkbox"/> Miscellaneous	Describe Miscellaneous Assets: _____

Part 5. Market Value: What do you estimate to be the total market value of your business assets? [Required, unless you checked Part 3 of this form.]

Under \$20,000 [If "Under \$20,000" is checked, Page 2 is optional as long as a general description of the property by type or category has been provided in Part 4]
 \$20,000 or more [if "\$20,000 or more" is checked, you must complete all of Page 2.]

Part 6. Sign and Date Form: This form must be signed and dated. By signing this document, you attest that the information contained on it is true and correct to the best of your knowledge and belief.

Indicate if you are filling out this form as:	Signature _____	Printed Name _____	Notarization: Complete if signer is not a secured party, owner, employee, officer of the company or affiliated company, or on behalf of the property owner where the good faith estimate of value is more than \$150,000. SUBSCRIBED AND SWORN TO BEFORE ME THIS: _____ day of _____, 20____. SEAL
<input type="checkbox"/> Owner / Employee	Company Name _____	Title _____	
<input type="checkbox"/> Authorized Agent	Phone No. _____	Date _____	
<input type="checkbox"/> Fiduciary	_____	Email (optional) _____	
<input type="checkbox"/> Secured Party	_____	_____	Notary Public Signature _____ State _____

If you make a false statement on this form, you could be found guilty of a Class A misdemeanor or a state jail felony under Section 37.10, Penal Code.

Account Number: _____

Owner Name: _____

For each part below you may attach additional sheets if necessary, identified by business name, account number, and "part".

Part 7. Fixed Assets: Total all new or used fixed assets still in possession on Jan. 1. List items received as gifts in the same manner.

Description	A. Underground Cable	B. Underground Drops	C. Aerial Cable	D. Aerial Drops	E. Converters	F. Test Equipment	G. Furniture & Equipment	H. Headend Equipment	I. Towers	J. Other (leasehold, etc)	K. Describe Other (from column J)
Good Faith Estimate of Market Value*											
Historical Cost When New** and Year Acquired**	2003 & Prior										
	2004										
	2005										
	2006										
	2007										
	2008										
	2009										
	2010										
	2011										
	2012										
	2013										
	2014										
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	2016										
	2017										
	2018										
	2019										
	2020										
	2021										
	2022										
2023											
2024											
COST TOTALS											

Part 8. Property Under Bailment, Lease, Consignment or Other Arrangement:

Property Owner's Name	Property Owner's Address	General Property Description

* If you provide an amount in the "good faith estimate of market value", you need not complete "historical cost when new" and "year acquired."
 ** If you provide an amount in the "historical cost when new" and "year acquired", you need not complete "good faith estimate of market value."