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

BUSINESS PERSONAL PROPERTY RENDITION CONFIDENTIAL January 1, 2025



Form 22.15 (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 _____		Phone (area code and number) _____	Agent Name _____
			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? Yes <input type="checkbox"/> No <input type="checkbox"/>
Square Feet Occupied _____	Business Description _____	Ownership 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	
Business Moved Date _____	New Location, City, State, Zip Code _____	<input type="checkbox"/> Corporation	<input type="checkbox"/> Manufacturing
		<input type="checkbox"/> Partnership	<input type="checkbox"/> Wholesale
		<input type="checkbox"/> Other	<input type="checkbox"/> Retail
			<input type="checkbox"/> Service
			<input type="checkbox"/> This is a new business or location for the above tax year

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"/> Inventory	<input type="checkbox"/> Raw Materials	<input type="checkbox"/> Furniture & Fixtures	<input type="checkbox"/> Computers	Location (if different from above) _____
<input type="checkbox"/> Supplies	<input type="checkbox"/> Work in Process	<input type="checkbox"/> Machinery & 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:	<input type="checkbox"/> Owner / Employee	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.
	<input type="checkbox"/> Authorized Agent	Company Name _____	Title _____	
	<input type="checkbox"/> Fiduciary	(_____) _____	Date _____	
	<input type="checkbox"/> Secured Party	Phone No. _____	Email (optional) _____	
				SUBSCRIBED AND SWORN TO BEFORE ME THIS: _____ day of _____, 20____. SEAL
				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.

Owner Name: _____

Did you timely apply for a September 1 inventory date? (Optional) Yes No

Does your inventory involve interstate/foreign commerce? (Optional) Yes No

Does your inventory involve freeport goods? (Optional) Yes No

Account Number: _____

Is your inventory located in an active Foreign Trade Zone ? (Optional) Yes No

Site # _____

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

Part 7. Inventory, Raw Materials, Work in Process and Supplies: List all taxable property by type.

Assets Type/Category	Description	Estimate of Quantity	Good Faith Estimate of Market Value*	OR	Historical Cost When New**	AND	Year Acquired**	Property Address or Address Where Taxable (if different from page 1)	Property Owner Name/Address (if you manage or control property as a fiduciary)
A. Inventory									
B. Raw Materials									
C. Work in Process									
D. Supplies									

Part 8. Furniture, Fixtures, Machinery, Equipment, Computers: Total all new or used furniture, fixtures, machinery, equipment and computers still in possession on January 1.

Assets Type/Category	A. Furniture & Fixtures	B. Office Machines	C. Mobile Radio, Telephone, PBX, Cell Phone, Fax	D. All other Machinery & Equipment	E. Computers: PCs, Servers & Peripherals	F. Computers: Mainframes	G. Miscellaneous (signs, rental inventory, etc.)	Describe Miscellaneous Assets (from column G)
Good Faith Estimate of Market Value*								
Historical Cost When New** and Year Acquired**	2010 & Prior							
	2011							
	2012							
	2013							
	2014							
	2015							
	2016							
	2017							
	2018							
	2019							
	2020							
	2021							
	2022							
2023								
2024								
COST TOTALS								

Part 9. 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."

Owner Name: _____

Account Number: _____

Special Attachment 22.15L -- Itemization of Leased Assets

Attach this form to your completed rendition if your primary business is leasing or renting to others. Additional instructions are on the back.

Please itemize all assets in Harris County that you own and lease to others, including businesses, individuals, charitable, governmental, religious, and other tax exempt organizations.

				Complete either Column 5 or Column 6		
1. Lease/Contract number	2. Name and physical address of lessee (no PO Boxes)	3. Location of leased property (if different from physical address)	4. Description of leased property	5. Good faith estimate of market value *	6.	
					Acquisition cost (optional)	Date acquired (optional)
				Total		

*Optional for owners with total assets worth less than \$20,000

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