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

# RENDITION OF STORED PRODUCTS CONFIDENTIAL



**January 1, 2025**

Form 22.15-SP (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		
Business Description _____			<u>Ownership Type</u>	<u>Business Type</u>	<input type="checkbox"/> The business owned no stored products in Harris County as of Jan 1
Business Sold Date _____			<input type="checkbox"/> Individual	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> This is a new business or location for the above tax year
New Owner _____			<input type="checkbox"/> Corporation	<input type="checkbox"/> Wholesale	
Business Moved Date _____			<input type="checkbox"/> Partnership	<input type="checkbox"/> Retail	
New Location, City, State, Zip Code _____			<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 5. "Signature and Affirmation"]*

**Part 4. 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. However, this information prevents incorrect and/or double assessments.]*
- \$20,000 or more *[if "\$20,000 or more" is checked, you must complete all of Page 2.]*

**Part 5. 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:

- Owner / Employee
- Authorized Agent
- Fiduciary
- Secured Party

Signature _____	Printed Name _____
Company Name _____	Title _____
(_____) _____	_____
Phone No. _____	Date _____
_____	Email (optional) _____

**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

\_\_\_\_\_  
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.

