Business PO Box 9	arris Central Appraisal District usiness & Industrial Property Div. D Box 922007 buston TX 77292-2007							
		January 1,	, 2025					
Form 22.15 VEH (10/24	4)	For assistance, please refer to important	information and instruction sh	eet.				
Part 1. Property Owr	er Name, Business Name, Addro	ess, Phone and Physical Location	or Situs [<i>Required</i>]:					
		Account Number	or					
Business Name		Business Owner	Business Owner					
				iFile™ Number	iFile™ Number			
Mailing Address, City,	State, Zip Code			Agent Name				
Property Location Address, City, State, Zip Code Phone (area code and number)								
				Agent ID#				
Part 2. Business Info	ormation: Please address all that app	ly. Optional but very important.						
Sales Tax Permit Number Business Start Date Business Sold Date New Owner Business Moved Date New Location, City Part 3. Affirmation of Prior Year Rendition: (Cheat By checking this box, I affirm that the information concurrent tax year. [If checked, you may skip to Part 5.		e, Zip Code y if applicable and your assets were <u>exac</u> I in the most recent rendition statement fil		Manufacturing Wholesale Retail Service	Manufacturingvehicles in Harris County as of Jan 1WholesaleThis is a new business or location for the above tax year			
Part 4. Market Value	What do you estimate to be the total	market value of your business assets? [Re	equired, unless you checked P	art 3 of this form.]				
Under \$20,000	-	, Page 2 is optional. However, this in d, you must complete all of Page 2.]	-	ct and/or double assessme	ents.]			
Part 5. Sign and Date	Form: This form must be signed and c	ated. By signing this document, you attest th	nat 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	Printed Name of the compa- good faith es		: Complete if signer is not a secured party, owner, employee, officer ny or affiliated company, or on behalf of the property owner where the timate of value is more than \$150,000. D AND SWORN TO BEFORE ME THIS:			
Authorized Agent Fiduciary Secured Party	Company Name			day of	, 20 SEAL			
-		Pate Email (optional) found quilty of a Class A misdemear		ry Public Signature	State			

statement on this form, y Class A misdemeanor or a state jail felony under Section 37.10, Penal Code. could be lound ıιy or a yuı

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List only vehicles that are licensed in the name of the business as shown on Page 1. Vehicles disposed after Jan. 1 are taxable for the year and must be listed below.

Part 6.	Vehicles In Ou	r Records: Ide	ntify each vehicle	already listed on this ac	count.						
Description*		Detail*		Value Information				Check if Vehicle not	Check if Vehicle		
Year	Make	Model	VIN	I Number	License	Good Faith Estimate of Value	Original Cost	Year Acquired *	Mileage * (odometer)	owned on January 1 (see Part 9)	1 Situs not in Harris County (see Part 10)
									(
Part 7.			Identify all vehicl	es not already listed on	this account.	1		Value			
Description *		Detail *		Value Information							
Year Make	Make	Model	VIN Number		License	Good Faith Estimate of Value	Original Cost *		Year Acquired * Mile		age * (odometer)
L					cial equipment and the v						
VIN Number * (of equipped vehicle)		Description of Equipment		t	Good Faith Estimate of Value		0	Original Cost * Ye		Acquired *	
			Identify the vehicl saction Date	es marked as disposed	of from Part 6. New Owner Informatio	n (nome oddroop tel) (Mathad	of Disposition	(if not cold)	
VIN Number * Trai					n (name, address, ten) /wethod				
Part 10.	Vehicle with S	itus Not in Har	ris County: Ide	ntify the vehicles marke	ed as "not in Harris Cour	ty" from Part 6.					
VIN Number *			Location Address / Situs			<u>S</u>			County	State	
Part 11. Leased Vehicles (not owned): Leased vehicles must be reported shift Year * Make * Model * VIN Number *				the names and address of the owner. License * Owner Information (name, address, telephone number)							
real	IVIAKE	woder			LICENSE		Jwner miormau	on (name,	address, tele	phone number)	
	1		I								