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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 _____
Mailing Address, City, State, Zip Code _____
Property Location Address, City, State, Zip Code _____ Phone (area code and number) _____

Account Number _____
iFile™ 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 No
Square Feet Occupied _____ Business Description _____ Ownership Type: Individual Corporation Partnership Other
Business Sold Date _____ New Owner _____ Business Type: Manufacturing Wholesale Retail Service
Business Moved Date _____ New Location, City, State, Zip Code _____ The business owned no taxable assets in Harris County as of Jan 1
 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.

Inventory Raw Materials Furniture & Fixtures Computers Miscellaneous Location (if different from above) _____
 Supplies Work in Process Machinery & Equipment 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:

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

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

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.

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."

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Owner Name: _____

Account Number: _____

Description of Inventory: _____

Property Location Address: _____

Special Attachment 23.12A -- Inventory Detail Report

Attach this form to your completed rendition along with supporting documentation if you own inventory and you believe the January 1 value was less than the cost. **NOTE:** If you have applied for and received September 1 inventory value, provide cost data as of September 1, 2024 and markdown data for September, October, and November of 2024.

Part 1. Inventory Cost.

| | | |
|--|----|--|
| 1. Beginning unadjusted FIFO cost of inventory as of January 1, 2025 _____ | \$ | |
| 2. List any adjustments (such as shrinkage, spoilage, obsolescence reserve, etc.) and provide dollar amount for each adjustment. | \$ | |
| | \$ | |
| | \$ | |
| Adjusted Cost Total | \$ | |

Part 2. Inventory Markdown Details.

| | | |
|---|----|--|
| 3. January 2025 markdowns to January 1st inventory items at cost _____ | \$ | |
| 4. February 2025 markdowns to January 1st inventory items at cost _____ | \$ | |
| 5. March 2025 markdowns to January 1st inventory items at cost _____ | \$ | |
| 6. Total 1st Quarter markdowns at cost _____ | \$ | |

Part 3. Inventory Turnover Ratio for 2024.

| | | |
|---|----|--|
| 7. Total cost of goods sold for this location for 2024 _____ | \$ | |
| 8. Average 2024 inventory for this location _____ | \$ | |
| 9. Divide line 7 by line 8 to equal inventory turns per year (enter here) _____ | | |

Part 4. Inventory Age as of January 1.

| | | | | | | | | |
|---|----|--|--|----|--|---|----|--|
| 10. Cost of inventory aged 0-3 months----- | \$ | | 13. Cost of inventory aged 10-12 months----- | \$ | | 16. Cost of inventory aged 37-48 months----- | \$ | |
| 11. Cost of inventory aged 4-6 months----- | \$ | | 14. Cost of inventory aged 13-24 months----- | \$ | | 17. Cost of inventory aged 49-60 months----- | \$ | |
| 12. Cost of inventory aged 7-9 months----- | \$ | | 15. Cost of inventory aged 25-36 months----- | \$ | | 18. Cost of inventory aged more than 60 months----- | \$ | |
| 19. Total Cost of Inventory (add lines 10-18) _____ | | | | | | | \$ | |

Part 5. Unusual Circumstances Affecting Inventory Value.

20. Briefly explain any unusual circumstances (recalls, damage, etc.) existing on January 1 that would have caused your inventory to be worth less than its January 1 FIFO cost:
