



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

BUSINESS PERSONAL PROPERTY RENDITION CONFIDENTIAL



January 1, 2026

Account Number iFile™ Number

Form 22.15 (11/25)

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

This business is related to other business entities (or accounts) at this location:

Mailing Address, City, State, Zip Code

Name of Business Entity

Account Number

Property Location Address, City, State, Zip Code

Phone (area code and number)

Name of Business Entity

Account Number

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

Business Type

The business owned no taxable assets in Harris County as of Jan 1

Business Sold Date

New Owner

Individual

Manufacturing

Business Moved Date

New Location, City, State, Zip Code

Corporation

Wholesale

Partnership

Retail

Other

Service

This is a new business or location for the above tax year

Part 3. Market Value Certification: If checked, you will not be required to file a rendition in future years unless you are required to do so by the chief appraiser.

By checking this box, I certify that the total market value of this property is not more than \$125,000. *[If checked, you may skip to part 5 and page 2 is optional]*

Part 4. 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, page 2 is optional]*

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

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

Company Name

Title

(_____)

Date

Phone No.

Email (optional)

Notary Public Signature

State

Owner Name: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Account Number: _____
Did you timely apply for a September 1 inventory date? (Optional)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is your inventory located in an active Foreign Trade Zone? (Optional) <input type="checkbox"/> Yes <input type="checkbox"/> No
Does your inventory involve interstate/foreign commerce? (Optional)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does your inventory involve freeport goods? (Optional)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Site # _____

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

Part 6. Inventory, Raw Materials, Work in Process and Supplies (Required unless you checked a box in Part 3 or 4): 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 7. Furniture, Fixtures, Machinery, Equipment, Computers (Required unless you checked a box in Part 3 or 4): List all taxable property by type and total each column

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**	2011 & Prior							
	2012							
	2013							
	2014							
	2015							
	2016							
	2017							
	2018							
	2019							
	2020							
	2021							
	2022							
	2023							
	2024							
	2025							
COST TOTALS								

Part 8. Property Under Bailment, Lease, Consignment or Other Arrangement (Required unless you checked a box in Part 3 or 4):

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.

*Optional for owners with total assets worth less than \$125,000

Total

Attach additional sheets as needed. Number each sheet and be sure to include the business name and account number.