



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

RENDITION OF STORED PRODUCTS CONFIDENTIAL



January 1, 2026

Account Number

iFile™ Number

Form 22.15-SP (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

☐ Corporation

☐ Wholesale

☐ Partnership

☐ Retail

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

☐ Other

☐ Service

Business Moved Date

New Location, City, State, Zip Code

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

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

