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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, 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

Mailing Address, City, State, Zip Code

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

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

Name of Business Entity | Account 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

Business Sold Date | New Owner

Business Moved Date | New Location, City, State, Zip Code

Ownership Type
- ☐ Individual
- ☐ Corporation
- ☐ Partnership
- ☐ Other

Business Type
- ☐ Manufacturing
- ☐ Wholesale
- ☐ Retail
- ☐ Service

☐ 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. 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 <u>exactly</u> 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

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: _____ **Account Number:** _____

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

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 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."

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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, 2025 and markdown data for September, October, and November of 2025.

Part 1. Inventory Cost.

1. Beginning unadjusted FIFO cost of inventory as of January 1, 2026 _____ $

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 2026 markdowns to January 1st inventory items at cost _____ $
4. February 2026 markdowns to January 1st inventory items at cost _____ $
5. March 2026 markdowns to January 1st inventory items at cost _____ $
6. Total 1st Quarter markdowns at cost _____ $

Part 3. Inventory Turnover Ratio for 2025.

7. Total cost of goods sold for this location for 2025 _____ $
8. Average 2025 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:

_____

_____

_____