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| **Business Personal Property Listing** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Complete and return the entire listing by April 30th to avoid a penalty. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Additionally, please attach a copy of your IRS Itemized Depreciation Schedule. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| READ THE GENERAL INFORMATION AND INSTRUCTIONS ON THE FRONT PAGE. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **1. Business Contact Information:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Business Name: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Attention: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Mailing Address: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| City, State, Zip | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| Physical Location: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| City: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Phone: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Business/Owner E-mail: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| **2. Head of Family Exemption:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | Corporation (Not eligible for the Head of Household Exemption, please proceed to box 3). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | LLC/Limited Liability Corp. (Not eligible for the Head of Household Exemption, please proceed to box 3). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Partnership (Not eligible for the Head of Household Exemption, please proceed to box 3). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Sole Proprietorship (Please complete section 2A). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Other (Explain) | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
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| **2a. Qualifications for the Head of Family Exemption:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| The exemption for the head of family applies only to individuals (i.e. natural persons); it does not apply to artificial entities such as corporations, limited liability companies, or partnerships. The “head of a family” includes the following residents of the state of Washington: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Are you currently a person receiving an old age pension under the laws of this state? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Yes | | |  | | No | |
| 2. Are you a citizen of the United States, over the age of sixty-five years, who has resided in  The State of Washington continuously for ten years? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Yes | | |  | | No | |
| 3. Are you a married person or entered into a domestic partnership, or a surviving spouse  or surviving domestic partner, who has neither remarried nor entered into subsequent  domestic partnership? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Yes | | |  | | No | |
| 4. Are you a person who resides with, and has under his or her care and maintenance any of  the following: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Yes | | |  | | No | |
| * His or her minor child or grandchild, or the minor child or grandchild of his or her deceased spouse or domestic partner; | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | |  | |  | |
| * His or her minor brother or sister or the minor child of a deceased brother or sister; | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | |  | |  | |
| * His or her father, mother, grandmother, or grandfather, or the father, mother, grandmother, or grandfather of a deceased spouse or deceased partner; | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | |  | |  | |
| * Any of the other relatives mentioned in this subsection who have attained the age of majority and are unable to take care of or support themselves. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | |  | |  | |
| 5. Are you currently receiving this exemption in another county in Washington State? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Yes | | |  | | No | |
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| **3. Preparer’s Information:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Preparer’s Name: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | Title: | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | |
| Phone Number: | | | | |  | | | | | | | | | | | | Email: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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| Assessor’s Use Only: | | | | | | | |  | | N/C | |  | | | HOF | | | |  | <500 | | | | | |  | | | | | | | Entered: | | | | | | | |  | | | | | | | | | | | | | | |  | |
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| **4. Business Change of Status:** Complete this section if your business has sold, moved or closed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Sale of Business:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | |  | |  | | |
| Date of Sale: | | | | |  | | | | | |  | | | | | | | | | | | | Sale Price of Personal Property, Only: | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | |
| New Owner: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Phone Number: | | | | | | | |  | | | | | | | | |  | | |
| Mailing Address: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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| **Moved Out of Grays Harbor County:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Move: | | | | |  | | | | | |  | | | | | | | | | | | | Phone Number: | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | |
| New Address: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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| **Closed:** | | | | |  | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | |
| Date Closed: | | | | |  | | | | | |  | | |  | |  | | | | | | | | | | | |  | | |  | | | | | | | |  | | |  | | | |  | | | | | | | | |  | | |
|  | | |  | | Out of Business | | | | | | | | | |  | | Retired | | | | | | |  | | Other (Explain) | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | |
| What happened to the personal property? | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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| **5. Building Improvements/Leasehold Improvements:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Please describe in enough detail to help us determine if the improvements should be valued as personal or real property. This will help prevent double assessments of improvements. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Description of the Improvement | | | | | | | | | | | | | | | | | | | | | Year Acquired | | | | | | | | | | | | Cost | | | | | | | | | Credit/Allowances from Lessor | | | | | | | | | | | | | |  |
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| (Attach additional sheets if needed) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **6. Leased Property** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Do you lease, rent or borrow equipment from others? | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | No | | | | |  | | Yes, please list equipment below. | | | | | | | | | | | | | | | | | | | |  |
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|  | Lessor Name | | | | | | Lease  Number | | | | Asset Description | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Total Purchase Price | | | | | Start of Lease | | | | | | | End of Lease | | | | |  |
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| (Attach additional sheets if needed) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **7. Non – Inventory Supplies:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Supplies & Materials that do not become ingredients or components of articles produced for sale are assessable as personal property and MUST BE REPORTED. Examples of consumable supplies include but are not limited to office, shop and maintenance supplies, medical and dental supplies, retail packaging and merchandising materials (shopping bags, etc.). Do not include inventory held strictly for resale. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Total amount spent on consumable supplies in for year: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | $ | |  | | | | | | | | | | | |  | | | | | | | | | | | | |  |
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| Total amount spent on hand tools and spare parts for the year: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | $ | |  | | | | | | | | | | | |  | | | | | | | | | | | | |  |
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| **8. Rental DVDs, Games, Laser Discs, and Video Tapes** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  |  | | | | 2023 | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | |  |
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|  |  | | | | 2021 & Older | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | |  |
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| **9. Additions as of January 1st, 2024:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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