Bill Donegan, CFA
ORANGE COUNTY PROPERTY APPRAISER
200 South Orange Avenue, Suite 1700
Orlando, FL 32801-3438
(407) 836-5049

State of Florida,
County of Orange

Account Number
_____

Tangible Personal Property Tax Return - Rental
in lieu of DR-405
Confidential § 193.074 F.S.
As Required by §§ 193.052 & 193.062, F.S.
Return to County Property Appraiser
By April 1 to Avoid Penalties

This return is subject to audit with all records kept by you.
Incomplete entries are subject to penalties.

Federal Employer Identification No.
☐☐-☐☐☐☐☐☐☐

Social Security Number
X X X - X X - X X X X

NAICS ☐☐☐☐☐☐

If name or mailing address is incorrect, make corrections in this box.

_____

_____

This box for Appraiser's use only

Section "A"

1. Please give name and address of owner or person in charge of the property.
   Name: _____
   Address: _____
   City: _____ State: _____ Zip: _____
   Phone: _____
   ❒ Check here if above is a permanent address change.

2. Address of physical location of property.
   _____
   _____

3. Is the property used as a rental? Yes ____ No ____
   If yes, complete Sections A & B; if no, complete Section A only.

4. If this property is not used as a rental, did you or will you apply for a homestead exemption this year? Yes ____ No ____

5. Please indicate the types of property you are reporting:
   ❒ Single Family / Townhouse ❒ Condominium
   ❒ Duplex / Triplex, etc. ❒ Co-Op Apartment
   ❒ Multi-family ❒ Mobile Home

Section "B"

Description of Item	Qty	Age	Year Purch	Taxpayer's Estimate of Fair Market Value	Taxpayer's Estimate of Condition Good	Avg	Poor	Original Installed Cost	Appraiser's Use Only Condition	
6. Refrigerator										
7. Stove										
8. Microwave Oven										
9. Dishwasher										
10. Disposal										
11. Furniture										
12. Television										
13. Washer										
14. Dryer										
15. Drapes, Hardware										
16. Blinds, Verticals										
17. Smoke Alarm										
18. Fire Extinguisher										
19. Other										
Total Personal Property				0				0		

Under penalties of perjury, I declare that I have read the foregoing tax return and the accompanying schedules and statements and that the facts stated in them are true. If prepared by someone other than the taxpayer, the preparer signing this return certifies that this declaration is based on all information of which he/she has any knowledge.

Date: _____ Title: _____

Signed: _____
(Taxpayer)

Signed: _____
(Preparer)

Address: _____

Phone Number: _____

Preparer's ID Number: _____

Less Exemption:
❒ Widow ❒ Widower ❒ Blind ❒ Total Disability ❒ Other

Taxable Value:

Deputy: **Penalty:**

PLEASE SIGN AND DATE YOUR RETURN, SEND THE ORIGINAL TO THE COUNTY APPRAISER'S OFFICE BY APRIL 1. UNSIGNED RETURNS CANNOT BE ACCEPTED BY THE APPRAISER'S OFFICE.

NOTICE: IF YOU ARE ENTITLED TO A WIDOW'S, WIDOWER'S OR DISABILITY EXEMPTION ON PERSONAL PROPERTY (NOT ALREADY CLAIMED ON REAL ESTATE) CONTACT THE APPRAISER'S OFFICE.