



PERSONAL PROPERTY AFFIDAVIT

ISLAND COUNTY ASSESSOR
Kelly Mauck

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THIS RETURN IS SUBJECT TO AUDIT AND VERIFICATION BY THE COUNTY ASSESSOR AND STATE DEPARTMENT OF REVENUE

OWNER NAME & ADDRESS:

CITY STATE ZIP

MAILING ADDRESS:

CITY STATE ZIP

BUSINESS NAME: _____

BUSINESS TYPE: _____

DATE STARTED: _____

CONTACT NUMBER: _____

EMAIL: _____

BUSINESS WEB ADDRESS: _____

EQUIPMENT LOCATION ADDRESS:

CITY STATE ZIP

UBI: _____

NAICS: _____

Listing of Personal Property: RCW 84.40, WAC 458-12. By April 30 each year, every person, firm, corporation, or partnership regardless of residency who owns or controls taxable personal property in this state as of 12:00 noon, January 01, is required to annually submit a complete and accurate personal property list and signed affidavit. A penalty of up to 25% will be assessed for filing after due date. Willful failure to list and return this affidavit will result in a penalty of 100%. If this is your first year filing and you return this affidavit after April 30, no penalty will be assessed if returned within 15 days of receipt.

If more space is needed please attach a separate sheet

Describe Furniture, Fixtures, Machinery and Equipment Used in Operation of Business	YEAR	RETAIL COST
	PURCHASED	W/O SALES TAX

Value of supplies/consumables on hand January 1st _____

Do you possess any leased equipment? Yes No
If yes, please attach a separate list of the equipment with year acquired and cost, name & address of lessor.

Who pays tax according to contract? Lessee Lessor

Head of Household Exemption: Yes No
If sole proprietor owner of reported property are you head of family, widow, or citizen over 65 with 10 years continuous state residence? (No corporations, LLC's, etc.)

Do you claim exemption in any other county? Yes No
If yes. Name County _____

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AFFIDAVIT

I declare under penalties of perjury that this return (including any attached schedules and statements) has been examined by me and to the best of my knowledge and belief is the correct and complete listing of all taxable personal property in Island County, owned, held or controlled by the undersigned taxpayer.

SIGNATURE

Each affidavit and attachment must be signed by the owner, partner, officer, or any authorized agent. (An authorization letter or power of attorney must be filed with the affidavit when an agent signs. [RCW 84.40.040 & 84.40.060])

WARNING

If this affidavit is being filed after April 30, a letter stating the reason(s) for the late filing must be attached to the affidavit.

OWNER

PRINT NAME

SIGNATURE

DATE

AUTHORIZED AGENT FOR OWNER

PRINT NAME

SIGNATURE

DATE