

**COMMERCIAL / AGRICULTURAL/ INDUSTRIAL  
PERSONAL PROPERTY—OWNED  
DECLARATION SCHEDULE**

|   |          |            |                     |   |
|---|----------|------------|---------------------|---|
| County Number   | Parcel # | Act Number | Personal Prop. Type | <b>DO NOT USE - FOR ASSESSORS USE ONLY</b>                                    |
|   |          |            |                     | Date received: _____ By: _____  |
| Name and address of personal property listed here: (please make any corrections here) |          |            |                     | Please indicate location of personal property: (please make any changes here) |

**PERSONAL PROPERTY DETAIL LISTING:** Please list all personal property you own and use in your business or operation (Include **all** installed costs)—do not list licensed vehicles (please indicate any changes to the following list by lining out the items that have been removed and filling in the new items purchased) (duplicate form as necessary). **Describe item, quantity, make, model, serial#, year built, year acquired and year installed.** The column titled “Reported Cost” means the cost of the equipment and **all** installed costs to put the equipment in operation. Please indicate if this cost is new and installed or a used purchase price by checking the appropriate column under “Type of Cost”. Please sign the reporting rendition on the bottom of page 2 and return the completed form by **March 1**. If property was located in more than one county in a prior calendar year, please attach Addendum 25/40 to this Declaration Form. Please fill out one addendum form per item of personal property.

**NAICS CODE:**  
\_\_\_\_\_

| Item | Quantity | Make | Model | Serial # | Year Built | Reported Year Acquired | Year Installed | Reported *Cost | *Type of Cost Check One |                |
|------|----------|------|-------|----------|------------|------------------------|----------------|----------------|-------------------------|----------------|
|      |          |      |       |          |            |                        |                |                | New Installed           | Used Purchased |
|      |          |      |       |          |            |                        |                |                |                         |                |
|      |          |      |       |          |            |                        |                |                |                         |                |
|      |          |      |       |          |            |                        |                |                |                         |                |
|      |          |      |       |          |            |                        |                |                |                         |                |
|      |          |      |       |          |            |                        |                |                |                         |                |
|      |          |      |       |          |            |                        |                |                |                         |                |
|      |          |      |       |          |            |                        |                |                |                         |                |
|      |          |      |       |          |            |                        |                |                |                         |                |
|      |          |      |       |          |            |                        |                |                |                         |                |
|      |          |      |       |          |            |                        |                |                |                         |                |
|      |          |      |       |          |            |                        |                |                |                         |                |
|      |          |      |       |          |            |                        |                |                |                         |                |
|      |          |      |       |          |            |                        |                |                |                         |                |
|      |          |      |       |          |            |                        |                |                |                         |                |
|      |          |      |       |          |            |                        |                |                |                         |                |
|      |          |      |       |          |            |                        |                |                |                         |                |
|      |          |      |       |          |            |                        |                |                |                         |                |
|      |          |      |       |          |            |                        |                |                |                         |                |
|      |          |      |       |          |            |                        |                |                |                         |                |
|      |          |      |       |          |            |                        |                |                |                         |                |
|      |          |      |       |          |            |                        |                |                |                         |                |
|      |          |      |       |          |            |                        |                |                |                         |                |
|      |          |      |       |          |            |                        |                |                |                         |                |
|      |          |      |       |          |            |                        |                |                |                         |                |
|      |          |      |       |          |            |                        |                |                |                         |                |
|      |          |      |       |          |            |                        |                |                |                         |                |
|      |          |      |       |          |            |                        |                |                |                         |                |
|      |          |      |       |          |            |                        |                |                |                         |                |

Please see second page for leased equipment reporting requirements.

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| Please indicate location of personal property: (please make any changes here)         |          |            |                     |  |

PERSONAL PROPERTY YOU LEASE, LOAN, OR RENT LISTING: Please list only those items you are not responsible for here.  
( please indicate any changes by lining out the items that have been removed and filling in the new items purchased)

**NAICS CODE:**  
\_\_\_\_\_

| Owner and Address of Leased Property | Property Description | Cost of Leased Property | Term (From - To) | Annual Rent |
|--------------------------------------|----------------------|-------------------------|------------------|-------------|
|                                      |                      |                         |                  |             |
|                                      |                      |                         |                  |             |
|                                      |                      |                         |                  |             |
|                                      |                      |                         |                  |             |
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|                                      |                      |                         |                  |             |
|                                      |                      |                         |                  |             |
|                                      |                      |                         |                  |             |

W.S. 39-13-107 (a)(i) I...the owner of (or agent, etc., as the case may be) do solemnly swear or affirm that the above and foregoing listed property is a full, true, correct and complete list of all property owned by me or under my control as agent or otherwise, and that I have not failed or neglected to list for taxation for the year \_\_\_\_\_, all property of which I am the owner of or of which I have control as agent, guardian, administrator or otherwise, in the county of \_\_\_\_\_, State of Wyoming and that I have not connived at any violation or evasion of the requirements of law in relation to the assessment of property for taxation. W.S. 18-3-205(b) Any person who fails to return any taxable property owned by him or under his control is guilty of a misdemeanor and upon conviction shall be fined not exceeding five hundred dollars (\$500.00), imprisoned in the county jail not exceeding ninety (90) days, or both.

Type or print your name here: \_\_\_\_\_

Signature of owner/agent \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Telephone number \_\_\_\_\_ Fax Number \_\_\_\_\_ Email: \_\_\_\_\_