

**FORM 901**  
(R-95)

**BUSINESS PERSONAL PROPERTY RENDITION**

Form 2493X (Rev. 10-06)

(This statement is privileged and confidential)

**KEN YAZEL, COUNTY ASSESSOR**  
Tulsa County Administration Bldg. • Second Floor  
500 South Denver • Tulsa, Oklahoma 74103-3832  
(918) 596-5153

**Filing Date Jan. 1  
Delinquent Penalties  
After March 15**

**TAX YEAR**

**IMPORTANT READ INSTRUCTIONS ON BACK BEFORE COMPLETING**

**Please print or type**

<p>REAL EST. # _____</p> <p>PERS. PROP. # _____</p> <p>OWNERS NAME/DBA _____</p> <p>MAILING ADDRESS _____</p>	<p>FED/STATE EMPLOYER ID# _____</p> <p>TYPE OF BUSINESS _____</p> <p>NAICS _____</p> <p>USABLE SQUARE FOOTAGE _____ NOS. OF UNITS _____</p> <p>LOCAL TELEPHONE NO. (____) _____</p> <p>LOCATION OF PROPERTY (IF OTHER THAN MAILING ADDRESS) _____</p> <p>OTHER BUSINESS INCLUDED IN THIS RENDITION <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>IF YES LIST: _____</p> <p>NAME, AND PHONE NO. OF PERSON TO CONTACT FOR AUDIT _____</p>
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<p>Are you renting/leasing this business location? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>If yes, do you own any real estate improvements at this location? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>When did you start business at this location? DATE ____ / ____ / ____</p>	<p>ARE YOU STILL IN BUSINESS AT THIS LOCATION? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>IF NO, DO YOU STILL OWN THE BUSINESS PERS. PROPERTY? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>DATE DISPOSED/SOLD? ____ / ____ / ____</p> <p><b>IF DISPOSED OR SOLD, STOP HERE. SIGN AND RETURN.</b></p>
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**PART II OKLAHOMA TAXABLE FIXED ASSETS**

DESCRIPTION	BEGINNING ORIGINAL COST TOTAL VALUE	ADDITIONS ORIGINAL COST TOTAL PART IV	DELETIONS ORIGINAL COST TOTAL PART V	ENDING ORIGINAL COST TOTAL VALUE	ASSESSOR USE ONLY	
					RECLND	ASS'D VALUE
LEASEHOLD IMPROVEMENT: ORIGINAL COST					CL 50	
FURNITURE & FIXTURES: ORIGINAL COST						
ELECTRONIC EQUIPMENT ORIGINAL COST					CL 30	
COMPUTER EQUIPMENT ORIGINAL COST					CL 31	
MACHINERY & EQUIPMENT ORIGINAL COST						
FORKLIFTS & CONSTR. ORIGINAL COST					CL 9	
TOOLING, DIES, MOLDS ORIGINAL COST					CL 33 S	
OTHER ASSETS/TRADE TOOLS ORIGINAL COST						
* LEASED FROM OTHERS ORIGINAL COST						
* LEASED TO OTHERS ORIGINAL COST						
* SEE INSTRUCTIONS	<b>TOTAL FIXED ASSETS</b> ➔				TOTAL	TOTAL

**PART III OKLAHOMA TAXABLE INVENTORY**

TOTAL INVENTORIES: INCLUDING RAW MATERIAL, WORK-IN-PROGRESS, FINISHED GOODS, PACKAGING, SUPPLIES, ETC. *OR SEE PART VI FOR MONTHLY AVERAGE	BEGINNING INVENTORY	ENDING INVENTORY	*AVERAGE INVENTORY	NET INVENTORY	INV.
					TOTAL ASS'D
				PENALTY	
	LESS FREEPORT EXEMPTION (MUST FILE FORM 901-F) < >			TOTAL NET.	
	CONSIGNMENT AND/OR FLOOR PLAN INV.				
	<b>NET TAXABLE INVENTORY</b> ➔				

STATE OF OKLAHOMA - COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_ being first duly sworn, upon oath,

under penalties of perjury, do hereby depose and say that I am \_\_\_\_\_

of \_\_\_\_\_ Company; that as such I am acquainted with the books, accounts, and affairs of said Company and know the

accompanying statement to be true correct and complete, and that all information requested herein has been fully and correctly given. (68 O.S. 1991 Section 2945 provides penalties for false oaths).

DATE FILED ____ / ____ / ____	
ASSM'T %	SCHOOL DIST.

<b>SIGN HERE</b>	➔ _____ Signature of preparer of other than taxpayer (DATE)	_____ Preparer's Address
	➔ _____ Taxpayer's Signature (DATE)	_____ Preparer's I.D. No. _____ Preparer's Phone No.

## INSTRUCTIONS FOR FILING

**WHO MUST FILE:** ALL BUSINESS CONCERNS, CORPORATIONS, PARTNERSHIPS AND PROFESSIONALS ARE REQUIRED BY OKLAHOMA STATUTES TO FILE EACH YEAR A STATEMENT OF TAXABLE ASSETS AS OF JANUARY 1 WHICH ARE LOCATED WITHIN THIS COUNTY. THIS RENDITION MUST BE SIGNED BY AN OWNER, PARTNER, OFFICER OF THE CORPORATION, OR A BONAFIDE AGENT.

**PENALTIES:** FAILURE TO FILE BY MARCH 15TH WILL SUBJECT THE TAXPAYER TO A MANDATORY PENALTY OF 10%, OR A 20% PENALTY IF NOT FILED BY APRIL 15TH, (68 O.S., SECTION 2836C). IF RECEIVED THROUGH THE MAIL BY THIS OFFICE, IT MUST BE POSTMARKED NOT LATER THAN MARCH 15TH. POSTAGE METERED MAIL OVERSTAMPED BY THE POST OFFICE AFTER MARCH 15TH WILL CARRY THE MANDATORY PENALTY.

**TAXPAYERS FILING FORM 901 IN THIS COUNTY FOR THE FIRST TIME:** ATTACH A COMPLETE DETAILED LISTING OF ALL ASSETS USED IN BUSINESS. GROUPED BY DESCRIPTION, YEAR ACQUIRED AND ORIGINAL COST, AND ITEMS THAT HAVE ZERO BOOK VALUE, USE REPORTING ASSET LISTING 904 SCHEDULE 3 OR 3A, WHICH IS AVAILABLE FROM THE COUNTY ASSESSOR.

**NORTH AMERICAN INDUSTRY CLASSIFICATION SYSTEM (NAICS):** THIS IS YOUR SIX DIGIT FEDERAL BUSINESS ACTIVITY CODE.

**LOCATION OF PROPERTY:** YOU MUST FILE A SEPARATE RENDITION FOR EACH LOCATION FOR ASSESSMENT ALLOCATION TO THE VARIOUS SCHOOL DISTRICTS.

**ORIGINAL COST VALUES:** REPORT THE TOTAL NEW OR USED TOTAL COST, INCLUDING FREIGHT-IN AND INSTALLATION COSTS. DO NOT DEDUCT INVESTMENT CREDIT, TRADE-IN ALLOWANCES OR DEPRECIATION. IF UNKNOWN ESTIMATE THE ORIGINAL COST. ESTIMATED COSTS WILL NOT BE DEPRECIATED WITHOUT SUPPORTING DOCUMENTS.

**YEAR ACQUIRED:** THIS IS THE PURCHASE DATE, DEPRECIATION CAN NOT BE CALCULATED UNLESS THE YEAR ACQUIRED IS REPORTED.

**LEASEHOLD IMPROVEMENTS:** REPORT COST AND DETAILED DESCRIPTION OF IMPROVEMENTS TO PROPERTY OWNED BY OTHERS. DO NOT REPORT BUILDING EXPANSIONS OR REPAIRS, ROUGH PLUMBING OR ELECTRICAL SERVICE, WHICH ARE INCLUDED IN REAL ESTATE VALUES. REPORT ALL OTHER ITEMS SUCH AS PARTITIONS, NEW STORE FRONTS, ETC.

**FURNITURE & FIXTURES:** ITEMS INCLUDED: OFFICE DESKS, CHAIRS, CREDENZAS, FILE CABINETS, TABLE, BOOTHS, SHELVING DISPLAY CASES, RACKS, GONDOLAS, RETAIL FIXTURES, HOTEL & MOTEL FURNISHINGS, ETC.

**ELECTRONIC EQUIPMENT:** ITEMS INCLUDED: CALCULATORS, COPIERS, DRAFTING MACHINES, BLUEPRINTING MACHINES, FAX MACHINES, POSTAGE MACHINES, TELEPHONE EQUIPMENT, TYPEWRITERS, LUNCH ROOM APPLIANCES, ETC. ALSO, INCLUDE ELECTRONIC & COMPUTER CONTROLS USED WITH MACHINERY AND EQUIPMENT.

**COMPUTER EQUIPMENT:** ITEMS INCLUDED: COMPUTER HARDWARE, SOFTWARE, CRT, PRINTERS, DISK DRIVES, ETC.

**MACHINERY & EQUIPMENT:** ITEMS INCLUDED: AUTO REPAIR, AGRICULTURAL, BAKERIES, BARBER & BEAUTY SHOPS, CLEANING & LAUNDRY, FUEL STORAGE TANKS, GAS PUMPS, MEDICAL, RESTAURANTS, SIGNS, THEATERS, ETC. ALL MANUFACTURING EQUIPMENT & MACHINERY (FORKLIFTS, MOBILE YARD CRANES, DRILLING RIGS, TOOLS (SEE OTHER LISTINGS) EQUIPMENT INSTALLED ON TRUCKS OR TRAILERS AFTER PURCHASE MUST ALSO BE REPORTED. DO NOT LIST LICENSED VEHICLES SUCH AS AUTOS, TRUCKS SEMI-TRAILERS, BOAT OVER 10 H.P., ETC.

**FORKLIFTS & CONSTRUCTION EQUIP:** ITEMS INCLUDED: FORKLIFTS, BACK HOES, COMPACTOR, DOZERS, DRAGLINES, EARTH MOVERS, GRADERS, MOBILE CRANES, ROLLERS, TRENCHERS, ETC.

**TOOLING, DIES, MOLDS:** ITEMS INCLUDED: TOOLING, DIE PUNCHES, MOLDS, PATTERNS, JIGS, ETC.

**TRADE TOOLS & EQUIPMENT:** INCLUDE ITEMS USED BY CARPENTERS, CEMENT FINISHERS, CRAFTSMEN, ELECTRICIANS, MASONS, MECHANICS, REPAIR SERVICES, ROOFERS, ETC.

★ **LEASED TO OTHERS:** LIST LESSEE, ADDRESS, ASSET TYPE, ORIGINAL COST, AND YEAR OF ACQUISITION. ADDITIONAL SHEETS MAY BE ATTACHED IF NECESSARY.

★ **LEASED FROM OTHERS:** LIST LESSOR, ADDRESS, ASSET TYPE, MONTHLY PAYMENT, AND BEGINNING YEAR OF LEASE. ADDITIONAL SHEETS MAY BE ATTACHED IF NECESSARY. ADVISE IF CAPITALIZED AND INCLUDED IN OTHER ASSETS.

**INVENTORIES:** LIST BEGINNING PLUS ENDING INVENTORY, DIVIDED BY TWO (2) EQUALS AVERAGE INVENTORY OR ADD YOUR TOTAL MONTHLY INVENTORIES. THEN DIVIDE THE SUM BY THE NUMBER OF MONTHS YOU HAVE INVENTORY IN THIS COUNTY FOR THE YEAR TO DETERMINE YOUR AVERAGE INVENTORY. INVENTORIES HELD FOR OTHERS OR COSIGNED MUST BE REPORTED SEPARATELY. INVENTORY CLAIMED EXEMPT MUST BE ACCOMPANIED BY A FREEPORT EXEMPTION FORM (901-F).

**IF THE BUSINESS IS SOLD, CLOSED OR NAME CHANGED:** TO AVOID POSSIBLE INCORRECT OR DUPLICATE ASSESSMENT TAXPAYER SHOULD PROVIDE INFORMATION AS FOLLOWS:

- BUSINESS SOLD - DATE OF SALE, NAME AND ADDRESS OF NEW OWNER.
- BUSINESS CLOSED - DATE OF CLOSING OR DATE ALL PERSONAL PROPERTY WAS DISPOSED, REPORT LOCATION AND VALUE OF ANY REMAINING PROPERTY STILL OWNED ON ASSESSING DATE, EVEN IF IN STORAGE.
- BUSINESS NAME CHANGE - DATE OF CHANGE AND NEW NAME.

PART IV			ADDITIONS DURING THE REPORTING YEAR		ASSESSORS USE ONLY	
DESCRIPTION FURNITURE, FIXTURES, SIGNS, MACHINERY, ETC.	YEAR AQUIRED	ORIGINAL COST	CLASS	RECLND		
If additional detail is needed request Form 904 Schedule 3			TOTAL ➔	TOTAL		

PART V			DELETIONS DURING THE REPORTING YEAR		ASSESSORS USE ONLY	
DESCRIPTION FURNITURE, FIXTURES, SIGNS, MACHINERY, ETC.	YEAR AQUIRED	ORIGINAL COST	CLASS	RECLND		
If additional detail is needed request Form 904 Schedule 3			TOTAL ➔	TOTAL		

PART VI							MONTHLY INVENTORY
JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE		
						AVERAGE	