



John K. Alley, Jr.

**Anderson County
Assessor of Property**



**** Room 202, Courthouse ** 100 North Main Street ** Clinton, Tennessee 37716-3617
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2022 Tangible Personal Property Schedule and Audit Requirements

In accordance with state T.C.A. §67-5-903, we are requesting the following information regarding your business personal property. For the new audit cycle, we must request that you complete the following:

- Tangible Person Property Schedule (Depreciation Schedule)
- Current Asset Listing

If you are a small business, please make sure to check small account certificate on the back of the tangible personal property schedule. Failure to submit the schedule along with the above information will result in a Forced Assessment.

Entering "same as last year" is no longer an accepted practice due to T.C.A. §67-5-903 guidelines. Please be sure to make any necessary changes and provide asset listing and signature on the tangible person property schedule, as well as filing the schedule by March 1st. There are certain penalties, restrictions and loss of appeal rights if not filed timely.

Please check the following that applies:

- { } **Out of Business.** Please attach proof of closure. I.e.
Date business Closed: _____
- { } **Small Account.** I have completed the tangible personal property schedule and checked the small account certification box. Small account certification is allowed for one year.
- { } **No Change** to assets.

ALL SCHEDULES AND INFORMATION ARE DUE BY MARCH 1, 2021

Per T.C.A. §67-5-903 failure to submit the requested information will result in the schedule being Returned and **NOT** accepted. If you have any questions or concerns, please contact our Personal Property Department at (865) 457-6219.

Signature of Business Owner
(Sign back of schedule as well)

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Assessor of Property

SMALL BUSINESS ITEM LISTING

BUSINESS NAME: _____

PHONE: _____ FAX: _____ E-MAIL: _____

ADDRESS: _____

COMPLETE IF YOU **DID NOT** ENCLOSE OTHER REQUIRED LISTING DOCUMENTATION, DEPRECIATION SCHEDULE, OR ASSET LISTING.

ITEM DESCRIPTION	DATE ITEM ACQUIRED	INSTALLED COST NEW/USED
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$
6.		\$
7.		\$
8.		\$
9.		\$
10.		\$
11.		\$
12.		\$
13.		\$
14.		\$
15.		\$

VEHICLES	COST
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$

If the year acquired and exact cost is unknown, please estimate as closely as possible and indicate in note below.

NOTES: _____

I have removed the following items from my business:

Signed Business Owner:

Date: _____