

# 2010 STATEMENT OF PERSONAL PROPERTY INSTRUCTIONS

## CITY OF GLENDALE, WISCONSIN

- Every person, firm, or corporation as defined in s. 70.35, Wis. Statutes, receiving from the assessor a return of personal property must submit the return to the assessor on or before March 1.
- A reply is necessary, even if you believe that you have nothing to report. In that case, please check the appropriate box just above Schedule A on page 1 and provide your explanation. Then sign & return the form prior to March 1, 2010.
- If you do not understand why you have received this form, or believe it does not apply to you, **DO NOT JUST IGNORE IT**. Failure to respond may result in a penalty, or an estimated assessment, without any right of abatement. Contact the Assessor's Office at (414) 228-1702 for more information.
- If you believe your organization is exempt under Wis. Statute 70.11, you must file an application for exemption prior to March 1, 2010. Call (414) 228-1702 to request an application.
- If you believe you qualify for Manufacturing or Telco status, contact the Wisconsin Dept. of Revenue at (414) 227-4456.
- This return becomes confidential information not available for public inspection.
- See also Sec. 70.36 False statements; duty of District Attorney.

### GENERAL INSTRUCTIONS:

**\*\* An answer should be given in each schedule. If the word "NONE" is appropriate, please so state. \*\***

**SCHEDULE A:** *Complete this schedule last.* It is provided for the summation of the individual schedules throughout the form. It becomes your declaration of all personal property subject to taxation.

**SCHEDULE C:** Machinery and shop equipment.

**SCHEDULE D:** Office, store and professional furniture, fixtures, equipment, libraries, and other assets related to the sales and administration of your business.

**SCHEDULE D-1:** Assets which are exempt under Section 70.11(39) and (39m) including: mainframe computers, minicomputers, personal computers, networked personal computers, servers, terminals, monitors, disk drives, electronic peripheral equipment, tape drives, printers, basic operational programs, systems software, prewritten software, ATMs, cash registers, and fax machines that only perform the facsimile function. Do not report custom software.

*Per Section 70.36 (1m) these items must be reported to receive the exemption. Any person, firm or corporation that fails to include information on property that is exempt shall forfeit \$10 for every \$100, or major fraction thereof that is not reported.*

**SCHEDULE D-2:** Multifunction fax machines, copiers, postage meters, telephone systems, and equipment with embedded computerized components.

**ORIGINAL COST SHOULD INCLUDE INSTALLATION, FREIGHT, ADD-ONS, AND SALES TAX. REPORT ALL EXPENSED ASSETS, AND ALL FULLY DEPRECIATED ASSETS STILL IN USE.**

**Column 2:** Enter by year acquired, the full original cost of assets in your possession on January 1, 2009. *(This should be the same costs reported in Column 4 on your 2009 return.)*

**Column 3:** Show the net amount of change for assets added or disposed of between January 1, 2009 and January 1, 2010.

**Column 4:** Add or subtract the changes shown in column 3 to or from the original installed costs in column 2.

**Column 5:** Contains indexed depreciation factors that incorporate depreciation on a 150% declining balance basis, and a price level adjustment that varies with the asset. Lives are not assigned to each and every asset, but rather as composite life for each group of assets.

**Column 6:** Multiply the costs in column 4 by the conversion factors in column 5 to obtain the indexed net values for January 1, 2010. Transfer the total of column 6 to the appropriate line on Schedule A.

**DO NOT REPORT LEASED ASSETS IN THESE SCHEDULES...REFER TO SCHEDULE H.**

**SCHEDULE F:** Enter the cost of any signs or other personal property not included in any of your other schedules. Use the conversion factor appropriate for the life of the asset. Composite conversion factors can be found on other schedules within the form, or at [www.revenue.wi.gov/report/p.html#personal](http://www.revenue.wi.gov/report/p.html#personal). To report rental videotapes and disks, attach a schedule with the number of units by age and type. Transfer the total of column 6 to Schedule A.

**IF YOU DO NOT OWN THE PREMISES YOU OCCUPY:** Complete the questionnaire on page 3.

**SCHEDULE G:** Report the cost of any alterations, additions or improvements made to leased or rented premises, including any costs which may have been reimbursed by the landlord. Itemizing leasehold improvements is preferred. Composite conversion factors can be found on other schedules within the form, or at [www.revenue.wi.gov/report/p.html#personal](http://www.revenue.wi.gov/report/p.html#personal). Feel free to attach additional sheets if you need more space, or wish to attach a computer generated schedule.

**SCHEDULE H:** Report any items loaned, leased, stored, or otherwise held and not owned by you. These items may or may not be assessed to you. Leases frequently state whether the owner or the lessee is responsible for the personal property taxes. We will attempt to accommodate these terms, but they are not controlling upon the assessor. If in doubt, consult with your lessor.

Capitalized leases should also be reported here. Leased equipment should not be reported in your other schedules until after title has transferred to you. *This helps to prevent double-assessing leased equipment, or assessing it to the wrong party.* If you acquire clear title to a formerly leased asset, transfer it into the appropriate schedule at its original cost, in column 3, on the line for the year of the lease's inception. Do not report the lease buy-out price because it excludes the portion of the cost covered by the lease payments.

**SCHEDULE S:** Supplies include items that may or may not have been expensed and are not held strictly for resale, but which are necessary in the conduct of business. Supplies are items such as those used for selling or advertising, office, shipping, medical, dental, janitorial and cleaning, and any other supplies consumed in your operations or in providing customer services.

## YOUR STATEMENT OF PERSONAL PROPERTY IS DUE BY MARCH 1, 2010

**Failure to file a timely return shall result in a penalty** of the greater of \$10.00 or 0.05% of the assessment, not to exceed \$1,000.00. If the form is not filed within thirty (30) days after the due date, or within thirty (30) days after any extension, there shall be a second penalty of the greater of \$10.00 or 0.05% of the assessment, not to exceed an additional \$1,000.00.

**A 30-day extension will be granted only upon written request.** Submit your request **before** March 1, 2010. Verification of the extension will be sent only if you include a self-addressed stamped envelope, fax number, or e-mail address. **NO EXTENSIONS CAN BE GRANTED BEYOND APRIL 1, 2010.**

**THIS REPORT MUST BE SIGNED BY AN OWNER, OR AN OFFICER OF A CORPORATION,  
OR A DULY AUTHORIZED EMPLOYEE OF THE PROPERTY OWNER.**

**FOR ASSISTANCE IN COMPLETING THIS FORM,  
CONTACT THE ASSESSOR'S OFFICE AT (414) 228-1702**

*TIP: Our return address, on the bottom of page four, fits in a standard window envelope.*

**REFER TO THE ENCLOSED INSTRUCTION SHEET WHEN COMPLETING THIS FORM.**  
**THIS FORM IS DUE ON OR BEFORE MARCH 1, 2010. Late returns are charged a late filing penalty.**  
**FOR ASSISTANCE, CONTACT THE ASSESSOR'S OFFICE AT (414) 228-1702**

MAILING ADDRESS *(please show any corrections here):*

  
  
  

BELONGING TO *name(s) of owner(s):*

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TRADE NAME *(if different from above):*

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CHECK ONE:     S.C.     L.L.C.     L.P.  
 Sole Proprietorship     Partnership     Corp.  
 Other *(describe):*

**ENGAGED IN THE BUSINESS OF:** \_\_\_\_\_

**LIST ALL LOCATIONS COVERED BY THIS RETURN:** \_\_\_\_\_

**IF APPLICABLE, CHECK BOX:**     Discontinued     Sold     Moved     Nothing To Report    **AND** *provide the effective date, the name and address of the new owner, or your new address, or explain why you have nothing to report; AND sign below & return form to the Assessor.*

Date: \_\_\_\_\_ Explain: \_\_\_\_\_

<b>SCHEDULE A: SUMMARY - Complete This Schedule Last</b>				
(1) LINE	(2) DESCRIPTION	(3) SCHEDULE	(4) DECLARED VALUE JANUARY 1, 2010	(5) <i>LEAVE BLANK</i>
1	Machinery, Tools & Patterns	C		P2
2	Furniture, Fixtures & Office Equipment	D		
3	Multi-Function Fax Machines, Copiers, Phone Systems & Equipment with Embedded Computerized Components	D-2		P3
4	Other Personal Property	F		
5	Leasehold Improvements	G		
6	Leased Property Taxable To You	H		
7	Supplies	S		P4A
8	<b>TOTAL TAXABLE VALUE</b>			
9	<b>TOTAL EXEMPT VALUE</b>	D-1		

**The undersigned does solemnly declare all information given is true and correct for all of the personal property owned, or which is in the charge or possession of the named taxpayer, and which is subject to assessment as of January 1, 2010.**

Signature of Owner/Officer \_\_\_\_\_ Date \_\_\_\_\_

Signature of Preparer \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Owner/Officer \_\_\_\_\_ Title \_\_\_\_\_

Print Name of Preparer \_\_\_\_\_ Company Name \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

**SCHEDULE C: MACHINERY, TOOLS & PATTERNS**

1. Year Assets Acquired	2. Total Original Installed Cost as of Jan. 1, 2009	3. Transfers, Additions, or Disposals at Cost between Jan. 1, 2009 and Jan. 1, 2010	4. Net Total Original Installed Cost as of Jan. 1, 2010 <i>(Col. 2 + Col. 3)</i>	5. Conversion Factor:		6. Indexed Net Value Jan. 1, 2010 <i>(Col. 4 x Col. 5)</i>	7. LEAVE BLANK
				10 Yr.	15 Yr.		
2009				.925	.950		
2008				.810	.881		
2007				.701	.809		
2006				.608	.742		
2005				.531	.685		
2004				.459	.628		
2003				.394	.571		
2002				.336	.513		
2001				.285	.462		
2000				.242	.416		
Prior				.200	.400		
TOTAL							

**Transfer this total value to Line 1, Column 4 of Schedule A on Page 1:**

**SCHEDULE D: FURNITURE, FIXTURES & EQUIPMENT**

1. Year Assets Acquired	2. Total Original Installed Cost as of Jan. 1, 2009	3. Transfers, Additions, or Disposals at Cost between Jan. 1, 2009 and Jan. 1, 2010	4. Net Total Original Installed Cost as of Jan. 1, 2010 <i>(Col. 2 + Col. 3)</i>	5. Conversion Factor:		6. Indexed Net Value Jan. 1, 2010 <i>(Col. 4 x Col. 5)</i>	7. LEAVE BLANK
				10 Year			
2009				.925			
2008				.810			
2007				.701			
2006				.608			
2005				.531			
2004				.459			
2003				.394			
2002				.336			
2001				.285			
2000				.242			
Prior				.200			
TOTAL							

**Transfer this total value to Line 2, Column 4 of Schedule A on Page 1:**

**SCHEDULE D-1: EXEMPT COMPUTER EQUIPMENT & SOFTWARE, CASH REGISTERS & SINGLE FUNCTION FAX MACHINES**

1. Year Assets Acquired	2. Total Original Installed Cost as of Jan. 1, 2009	3. Transfers, Additions, or Disposals at Cost between Jan. 1, 2009 and Jan. 1, 2010	4. Net Total Original Installed Cost as of Jan. 1, 2010 <i>(Col. 2 + Col. 3)</i>	5. Conversion Factor:		6. Indexed Net Value Jan. 1, 2010 <i>(Col. 4 x Col. 5)</i>	7. LEAVE BLANK
				4 Year			
2009				.813			
2008				.523			
2007				.333			
2006				.212			
2005				.136			
Prior				.100			
TOTAL							

**Transfer this total value to Line 9, Column 4 of Schedule A on Page 1:**

**SCHEDULE D-2: MULTIFUNCTION FAXES, COPIERS, TELEPHONE SYSTEMS & COMPUTERIZED EQUIPMENT**

1. Year Assets Acquired	2. Total Original Installed Cost as of Jan. 1, 2009	3. Transfers, Additions, or Disposals at Cost between Jan. 1, 2009 and Jan. 1, 2010	4. Net Total Original Installed Cost as of Jan. 1, 2010 (Col. 2 + Col. 3)	5. Conversion Factor: 6 Year	6. Indexed Net Value Jan. 1, 2010 (Col. 4 x Col. 5)	7. LEAVE BLANK
2009				.875		
2008				.676		
2007				.517		
2006				.395		
2005				.305		
2004				.233		
Prior				.200		
<b>TOTAL</b>						

**Transfer this total value to Line 3, Column 4 of Schedule A on Page 1:**

**SCHEDULE F: ALL OTHER PROPERTY (such as - but not limited to - signs, mobile homes, etc.)**

**\*\*Conversion factors can be found on other schedules herein, or at [www.revenue.wi.gov/report/p.html#personal](http://www.revenue.wi.gov/report/p.html#personal)\*\***

1. Year Assets Acquired	2. Total Original Installed Cost as of Jan. 1, 2009	3. Transfers, Additions, or Disposals at Cost between Jan. 1, 2009 and Jan. 1, 2010	4. Net Total Original Installed Cost as of Jan. 1, 2010 (Col. 2 + Col. 3)	5. ** Conversion Factor	6. Indexed Net Value On Jan. 1, 2010 (Col. 4 x Col. 5)	7. LEAVE BLANK
<b>TOTAL "OTHER" PERS. PROP. - Transfer this total value to Line 4, Column 4 of Schedule A on Page 1:</b>						

**TENANT QUESTIONNAIRE -- Complete this section if you do not own the building you occupy.**

Lease Term: From (date) \_\_\_\_\_ To (date) \_\_\_\_\_

Base Rent \$ \_\_\_\_\_ per:  month  year Area of Leased Space \_\_\_\_\_

Additional rent based on volume of sales?  Yes  No If yes: \_\_\_\_\_ % of sales over \$ \_\_\_\_\_

Option to Renew?  Yes  No If yes (date) \_\_\_\_\_ New Base Rent \$ \_\_\_\_\_

Rent Includes (check all that apply):  Electricity  Heat  Parking  Common Area Maintenance  Real Estate Taxes\*

Other (describe): \_\_\_\_\_

\*Amount of Real Estate Taxes Paid (if not included in rent) \$ \_\_\_\_\_

**SCHEDULE S: SUPPLIES (Do not include stock-in-trade, or manufacturer's materials and finished products.)**

<b>SUPPLIES GENERALLY ON HAND, such as, but not limited to:</b> Office supplies; Promotional and advertising supplies; Medical and dental supplies; Cleaning and janitorial supplies; Maintenance supplies; Fuel used to supply heat; Motor vehicle fuel; Garage supplies; Research & development supplies; Refrigerants; Packing materials; Any other supplies consumed in your operations, and in providing customer services, but not embodied in, or delivered with the product itself.	Indicate Method of Value Determination			Declared Value: \$ _____
	<input type="checkbox"/> Physical Inventory	<input type="checkbox"/> % of Annual Expenses	<input type="checkbox"/> Estimated Value	

**Transfer this total value to Line 7, Column 4 of Schedule A on Page 1:**

**SCHEDULE G: LEASEHOLD IMPROVEMENTS** (Make a complete copy of this schedule for each location covered by this return.)

**\*\*Conversion factors can be found on other schedules herein, or at [www.revenue.wi.gov/report/p.html#personal](http://www.revenue.wi.gov/report/p.html#personal)\*\***

1. Year Improved	2. Description of Improvements	3. Net Total Original Installed Cost as of Jan. 1, 2010	**4. Conversion Factor	5. Indexed Net Value On Jan. 1, 2010	6. LEAVE BLANK
<b>TOTAL</b>					

Transfer this total value to Line 5, Column 4 of Schedule A on Page 1:

**SCHEDULE H: PROPERTY NOT OWNED BY YOU**

**EACH ITEM MUST HAVE A "YES" OR "NO" ANSWER.**

**YOUR REPORT WILL BE RETURNED FOR COMPLETION IF THIS SECTION IS LEFT BLANK.**

Are any of these items in your possession, but not owned & reported by you on any of the preceding pages?

If you answer "yes" to any item, complete all of the columns below for each leased, loaned, borrowed, stored, or otherwise un-owned item:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Telephone or Telephone System              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Computer Equipment                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Vending or Amusement Devices               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Copier or Other Office Equipment           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Dumpster, Recycle Bins or Trash Compactor  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Postage Meter                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Alarm or Security System                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Furniture, Fixtures, or Similar Equipment  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Any OTHER property, including sub-tenant's | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

OWNER INFORMATION	EQUIPMENT INFORMATION	TERMS	COST INFORMATION	TAXABLE TO:
<ul style="list-style-type: none"> <li>• Full Name of Property Owner</li> <li>• Mailing Address, City, State, Zip Code</li> <li>• Telephone Number</li> </ul>	<ul style="list-style-type: none"> <li>• Asset Description</li> <li>• Account Number</li> </ul>	<ul style="list-style-type: none"> <li>• Start &amp; End Dates</li> <li>• Gross Annual Rent</li> </ul>	<ul style="list-style-type: none"> <li>• Year Manufactured</li> <li>• Retail Installed Cost</li> </ul>	Is this item taxable to the user (you), or to the owner?

RETURN TO:

**ASSESSOR, CITY OF GLENDALE  
5909 N. MILWAUKEE RIVER PKWY.  
GLENDALE, WI 53209-3815**

**THIS FORM IS DUE**

**MARCH 1, 2010**

**LATE RETURNS WILL BE CHARGED  
A LATE FILING PENALTY**