

**ROGER RAFFETY**  
Assessor; Cass County, MO

2733 Cantrell Rd.  
Harrisonville, MO 64701-4004

Phone: 816-380-8400

**2024 BUSINESS ASSESSMENT LIST**

Dear Business Owner / Manager: You are required by law to provide a list, indicating *type, year purchased* and *original cost*, for all tangible personal property, e.g. Vehicles, Computers & Office Equipment, Furniture, Fixtures, Manufacturing Equip. & Tooling, etc., belonging to you or under the control of your company in Cass County, Missouri, on Jan. 1st. Complete this form, sign and return **before deadline** to avoid penalty.

Follow instructions below and on back.

**AVOID PENALTY Return by March 1st**



**ROGER RAFFETY**  
**CASS COUNTY ASSESSOR**  
**2733 CANTRELL RD**  
**HARRISONVILLE MO 64701-4004**

**File Online:**

Please list your email address: \_\_\_\_\_

Physical Location:

CONFIRM ACTUAL PHYSICAL LOCATION AND TELEPHONE NUMBER OF PROPERTY COVERED BY THIS RETURN (NOT P.O. BOX)				
Street Address	City	State	Zip Code	Telephone ( )

**IMPORTANT:** Last year you reported the property shown below.

1. Please draw a line through any items you **did NOT own** on **Jan. 1<sup>st</sup>** -->

2. Do not re-list any items that appear correctly in yellow box below.

**HOW TO REMOVE AN ITEM:**  
~~1991FORD F 100 XL FD7QA61G35550267~~  
 ↑ EXAMPLE ↑

Please add VIN if missing from items shown in this box. Add VIN to any newly purchased items you list below or on back. This 17-digit number can be found on your insurance card.

Please check one of these boxes after completing front and back of form. Sign before returning.

**CHANGES MADE**  
*Items were added, deleted or address was changed*

**NO CHANGES**  
*No new property owned on Jan 1. Property listed above is correct.*

**NO PROPERTY**  
*No vehicles or property owned.*

**\*\*\*You must include all vehicles, trailers, and equipment with Permanent Plates.\*\*\***

**ATTENTION!** List property by type indicating **year purchased** and **original cost** for all business equipment. This list is subject to audit. To assure a fair and accurate assessment of your equipment, and to avoid listing each item on this form, **PLEASE ATTACH YOUR COMPANY'S COMPLETE AMORTIZATION SCHEDULE.**

Computer Equipment Telephone Equipment	Office Furniture, Fixtures & Equipment	Mach., Equip., Special Tools, Video Movies, Games, Vending Equip.	Construction Equip., Equipment you own and lease to Others	Professional, Medical, Dental & Lab Equipment	Restaurant/Bar Hotel/Motel Equipment	Service Station, Bulk Plant Equipment, Car Wash Equipment

**CONTINUED ON BACK** →

<b>LEASED EQUIPMENT</b>	YR. ACQUIRED	ACQUISITION COST	ASSESSOR'S USE	<b>LEASED PERSONAL PROPERTY SUMMARY</b>			
	2021			Please list below any leased or rented equipment in your possession. The terms of your lease or rental contract may determine tax liability. This section is designed to ensure that the property is assessed to the proper owner. You may wish to attach a separate list or a copy of your lease.			
	2020			LESSOR'S NAME AND ADDRESS			
	2019			LENGTH OF LEASE			
	2018			ITEM			
	2017			DATE OF LEASE			
	2016			MONTHLY RENT			
	PRIOR YEARS						

<b>AUTOS VANS &amp; SUVs PICKUP</b> <i>(Do Not List Leased Vehicles)</i>	YEAR	MAKE <i>(Chev, Ford)</i>	MODEL <i>(Impala, Focus)</i>	SERIES <i>(SL, SE, LE)</i>	# DOORS	# DRIVE WHEELS	TONS	CAB TYPE <i>(Circle)</i>	DIESEL <i>(Circle)</i>	VIN (Vehicle ID Number)
						2WD 4WD AWD		REG EXT CREW	YES NO	
						2WD 4WD AWD		REG EXT CREW	YES NO	
						2WD 4WD AWD		REG EXT CREW	YES NO	
						2WD 4WD AWD		REG EXT CREW	YES NO	

**HISTORIC / EH.** HISTORIC PLATES:  YES  NO EST. VALUE \$:

<b>COMMERCIAL TRUCK</b> <i>(List Semi-Tractors Below)</i>	YEAR	MAKE <i>(Chev, Ford)</i>	MODEL / TYPE	BED TYPE	AXLES	GVW	VIN (Vehicle ID Number) (Required)

<b>SEMI-TRACTORS</b>	YEAR	MAKE	MODEL / TYPE	GVW	APPORTIONED PLATE? <i>(Circle)</i> Whose Authority?	VIN (Vehicle ID Number) (Required)
					No Yes	
					No Yes	
					No Yes	

<b>MOTOR HOMES RVs &amp; BUSES</b>	YEAR	MAKE / CHASSIS	BODY NAME	MODEL / SERIES	LENGTH	# PASSENGERS	VIN (Vehicle Identification Number)

<b>CAMPER TRAILER</b>	YEAR	MAKE	MODEL	TYPE (CIRCLE ONE)	LENGTH	VIN (Vehicle Identification Number)
				5TH WHEEL UPRIGHT FOLD DOWN		

<b>TRAILERS</b> <i>Including BOAT Trailers &amp; SEMI Trailers</i>	YEAR	MAKE & MODEL	TYPE (Stock, flat, boat, utility, motorcycle, etc.)	HORSE # OF	AXLES	LENGTH	VIN (Vehicle ID Number)
				1 2 4			
				1 2 4			
				1 2 4			

<b>MOTORCYCLES, ATVs, UTVs, etc.</b>	YEAR	MAKE (Harley, Honda, etc.)	MODEL (Fat Boy, Goldwing, etc.)	TYPE (2 whl, 3 whl, 4 whl)	CC or HP	CYL	VIN (Vehicle Identification Number)

<b>BOATS &amp; JET SKS</b>	YEAR	MAKE	MODEL	TYPE (Bass, Jon)	MATERIAL (Circle One)	LENGTH	VIN / SERIAL NUMBER
					Fiber Alum. Wood		

<b>BOAT MOTORS</b>	YEAR	MAKE	MODEL	TYPE (Circle One)	HP	VIN / SERIAL NUMBER
				Inboard Outboard		

<b>AIRPLANES</b>	YEAR	MAKE	MODEL & SERIES	KIT	MAX. CERTIFIED GROSS TAKEOFF WEIGHT	ENGINE	HRS. FLOWN LAST YEAR	PURCHASE PRICE	VIN (Vehicle ID Number)
				YES NO		Single Twin		\$	

<b>LIVESTOCK</b>	TYPE	NUMBER	TYPE	NUMBER	TYPE	NUMBER	TYPE	NUMBER	
	COWS/BULLS		BARROWS/GILTS		EWES		HORSES		POULTRY
	CALVES		SOWS		FEEDER LAMBS		MULES		BEE COLONIES
	YEARLINGS		PIGS		SLAUGHTER LAMBS		GOATS		EXOTICS & OTHER

<b>FARM MACHINERY &amp; OTHER EQUIPMENT</b>	YEAR	MAKE	MODEL	DESCRIPTION (Tractor, Combine, Backhoe, Dozer, Etc.)	YEAR PURCHASED	ORIG. COST	CASS2-107 (Rev 9/21) <b>019B</b>
						\$	
						\$	
						\$	
						\$	

If located in the **Enterprise Zone** answer 1, 2 and 3:

1. Cost of tools and equipment used for pollution control.


2021 Acquisition Date _____	Cost \$ _____	2021 Acquisition Date _____	Cost \$ _____	Product Line _____
2020 _____	\$ _____	2020 _____	\$ _____	_____
2019 _____	\$ _____	2019 _____	\$ _____	_____
2018 _____	\$ _____	2018 _____	\$ _____	_____
2017 _____	\$ _____	2017 _____	\$ _____	_____
2016 _____	\$ _____	2016 _____	\$ _____	_____
Prior to 2016 _____	\$ _____	Prior to 2016 _____	\$ _____	_____

2. Cost of tools and equipment used in retooling to introduce new product line or to make improvements to an existing product line.

3. List your standard industrial classification (SIC): \_\_\_\_\_

NAME OF AGENT OR PREPARER	ADDRESS
CITY, STATE, ZIP CODE	TELEPHONE ( )
	TAX I.D. NUMBER

I, \_\_\_\_\_,  President  Treasurer  Owner  Manager  Other \_\_\_\_\_ of \_\_\_\_\_ do hereby certify that the foregoing list contains a true and correct statement of all the tangible personal property made taxable by the laws of the state of Missouri, which I owned or which I had under my charge or management on the first day of January. I further certify that I have not sent or taken or caused to be sent or taken any property out of this state to avoid taxation. Any person who refuses to make the certification to the list, when required so to do by the assessor or the assessor's deputy, shall upon conviction be deemed guilty of a misdemeanor and no property shall be exempt from executions issued on judgments in prosecutions pursuant to this section.

**SIGN HERE**  \_\_\_\_\_ Date \_\_\_\_\_  I have listed additional property on sheet attached