

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

2733 Cantrell Rd.  
Harrisonville, MO 64701-4004

Phone: 816-380-8400

2025 **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, or 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:**

~~1994 FORD F-100 XL FD7QA01G35550257~~  
↑ 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** →

LEASED EQUIPMENT	YR. ACQUIRED	ACQUISITION COST	ASSESSOR'S USE	LEASED PERSONAL PROPERTY SUMMARY			
	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						
	2018			LENGTH OF LEASE		ITEM	
	2017			DATE OF LEASE		MONTHLY RENT	
	2016						
	PRIOR YEARS						

AUTOS VANS & SUVs PICKUPS <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 VEH. HISTORIC PLATES:  YES  NO EST. VALUE \$:

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

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

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

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

TRAILERS <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		

MOTORCYCLES, ATVs, UTVs, etc.	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)

BOATS & JET SKIS	YEAR	MAKE	MODEL	TYPE (Bass, Jon)	MATERIAL (Circle One)	LENGTH	VIN / SERIAL NUMBER
					Fiber Alum. Wood		

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

AIRPLANES	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		\$	

LIVESTOCK	TYPE	NUMBER	TYPE	NUMBER	TYPE	NUMBER	TYPE	NUMBER	TYPE	NUMBER
	COWS/BULLS		BARROWS/GILTS		EWES		HORSES		POULTRY	
	CALVES		SOWS		FEEDER LAMBS		MULES		BEE COLONIES	

FARM MACHINERY & OTHER EQUIPMENT	YEAR	MAKE	MODEL	DESCRIPTION (Tractor, Combine, Backhoe, Dozer, Etc.)	YEAR PURCHASED	ORIG. COST	CASS2-107 (R) <b>01</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 \$ _____
2020 _____	\$ _____
2019 _____	\$ _____
2018 _____	\$ _____
2017 _____	\$ _____
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.


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

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 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 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 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