

ROGER RAFFETY
Assessor, Cass County, MO

2733 Cantrell Rd.
Harrisonville, MO 64701-4004

Phone: 816-380-8400

2023 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 ()
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IMPORTANT: Last year you reported the property shown below.

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

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

HOW TO REMOVE AN ITEM:
~~1001FORD F 100 XL FD7QA61095550267~~
↑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.**

YEAR OF PURCH.	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
2021							
2020							
2019							
2018							
2017							
2016							
2015							
2014							
PRIOR							

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					
	2019					
	2018				LESSOR'S NAME AND ADDRESS	
	2017				LENGTH OF LEASE	ITEM
	2016				DATE OF LEASE	MONTHLY RENT
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?		VIN (Vehicle ID Number) (Required)
					<i>(Circle)</i>	Whose Authority?	
					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 & 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			

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	
	YEARLINGS		PIGS		SLAUGHTER LAMBS		GOATS		EXOTICS & OTHER	

FARM MACHINERY & OTHER EQUIPMENT	YEAR	MAKE	MODEL	DESCRIPTION (Tractor, Combine, Backhoe, Dozer, Etc.)	YEAR PURCHASED	ORIG. COST
						\$
						\$
						\$
						\$

CASS2-107 (Rev 9/21)
019B

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 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