



**ST. CHARLES COUNTY PERSONAL PROPERTY ASSESSMENT FORM**

**SCOTT SHIPMAN, ASSESSOR**  
 201 N SECOND STREET - ROOM 141  
 ST. CHARLES, MISSOURI 63301  
 636-949-7420 Fax  
 636-949-7434  
 persprop@sccmo.org

**TAX YEAR** \_\_\_\_\_

**RETURN BY MARCH 1<sup>st</sup>**

**PENALTY(S) RANGE UP TO \$105 FOR FILING LATE BASED ON THE ASSESSED VALUE.**

LOCATION ADDRESS \_\_\_\_\_

**Make name/address corrections here:**

Effective Date of Change \_\_\_\_\_

**Moving out of county?**

It is your responsibility to notify both your old and new Assessment Authority.

NAME: \_\_\_\_\_  
LAST, FIRST, MI SPOUSE

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

ADDRESS ON JAN 1<sup>st</sup> OF TAX YEAR IF DIFFERENT FROM ABOVE:  
 \_\_\_\_\_

PLEASE COMPLETE THIS FORM AND RETURN BY MAIL, FAX OR EMAIL TO: PERSPROP@SCCMO.ORG

You must report all taxable personal property in the county where the owner resides on January 1st. The following are indicative of residency: \*voter registration, \*address on property owner's driver's license, \*address used when licensing an automobile, \*mailing address. RSMo.137.115 directs the Assessor to value personal property based on N.A.D.A. October publications preceding the tax year.

**STEP 1: Pre-printed items** - Indicate the January 1st mileage on vehicles. If there is a mistake in the year, make, model or series, cross through the mistake and make the correction.

Year	Make	Model / Series	**Required **VIN #	Mileage as of 1/1/20__	Market Value FUH Ug'cZ%#&\$SSS	Office Use: Assessment Rate	Office Use: Assessed Value
<p><b>Note: Any preprinted item not lined through will be assessed.</b></p>							↑ ↑ ↑ <b>OFFICE USE ONLY</b>

**STEP 2: List below any items which you owned on January 1st - NOT LISTED IN STEP 1.** Indicate year, make, model and series, number of doors: 2, 4; 2 wheel, 4 wheel, or ALL wheel drive; cylinders and mileage as of January 1st. Also include CC's for motorcycles and length for trailers, boats, campers, and recreational vehicles. If you have a mobile home located in a mobile home park include the year, make, length and width, along with location address.

Year	Make	Model/Series	**REQUIRED** VIN #	Drive-2WD, 4WD,ALL WD	Cylinders CC/HP	Boat/Trailer Length	Mileage 1/1/20xx	Assessed Value
<p><b>DO NOT LIST LEASED VEHICLES ON THIS FORM.</b></p>								↑ ↑ ↑ <b>OFFICE USE ONLY</b>

**STEP 3: Read, sign, date and mail the entire form.**

I certify 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, of the current year. 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.

\_\_\_\_\_  
 TAXPAYER SIGNATURE                      DATE                      DAYTIME TELEPHONE #                      E-MAIL ADDRESS

**SEE REVERSE SIDE FOR INSTRUCTIONS**

To verify receipt of this form, visit our website: <http://assessor.sccmo.org/assessor>