



ST. CHARLES COUNTY PERSONAL PROPERTY ASSESSMENT FORM

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

TAX YEAR _____

RETURN BY MARCH 1st

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

LOCATION ADDRESS _____

Make name/address corrections here:

Moved/Moving Date: _____

Moving out of County?

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

NAME: _____ LAST, FIRST, MI

NAME: _____ LAST, FIRST, MI

ADDRESS: _____

CITY, STATE, ZIP _____

ADDRESS ON JAN 1st OF TAX YEAR IF DIFFERENT FROM ABOVE:

List below any items which you owned on January 1st - Indicate year, make, model and series; VIN#; 2 wheel, 4 wheel, or ALL wheel drive; cylinders and mileage as of 01/01/20xx. 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. DO NOT LIST LEASED VEHICLES ON THIS FORM.

Table with 8 columns: Year, Make, Model/Series, **REQUIRED** VIN #, Drive-2WD, 4WD, ALL WD, Cylinders CC/HP, Boat/Trailer Length, Mileage 1/1/20xx, Assessed Value

OFFICE USE ONLY

Read, sign and date.

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 (please print) DATE DAYTIME TELEPHONE E-MAIL ADDRESS

SEE REVERSE SIDE FOR INSTRUCTIONS
To verify receipt of this form, visit our website: sccmo.org/assessor