

<b>Form DS 056-61-21</b>			<b>State of Colorado</b>		<b>FOR ASSESSOR USE ONLY</b>	
<b>DS 056 61-21</b>			<b>DS 056 - Personal Property Declaration Schedule</b>		Received:	Late Penalty
			<i>Confidential</i>		Completed:	<input type="checkbox"/> Y or <input type="checkbox"/> N
B.A. Code	T.A Code	Schedule/Acct#	<i>Assessment Date</i>	<i>Due Date</i>	<b>RETURN TO COUNTY ASSESSOR</b>	
			<i>1/1/2021</i>	<i>4/15/2021</i>	<b>County</b>	
<b>A. NAME AND MAILING ADDRESS</b> (Indicate any changes or corrections)			<b>BUSINESS NAME AND PHYSICAL LOCATION OF THE PERSONAL PROPERTY AS OF JANUARY 1, 2021</b>			
<b>B. BUSINESS:</b> Start Up Date (at this location)		Square Footage the Business Occupies	Product or Service Provided			

**C. BUSINESS STATUS: (Please check the appropriate boxes ONLY)**

- NOT CURRENT BUSINESS OWNER. If you are not the current business owner, check here and provide the name and address of the new owner: \_\_\_\_\_  
Date Sold: \_\_\_\_\_
- NEW BUSINESS/ORGANIZATION. You must give a **complete itemized listing** of all personal property. Use the first part of Section D and attach separate sheet(s) if needed. **The assessor may select your business for an audit whether or not you file a declaration schedule.**
- EXISTING BUSINESS/ORGANIZATION. Indicate any additions and/or deletions to your listing in Section D.
- NEW OWNER OF PREVIOUSLY EXISTING BUSINESS/ORGANIZATION. You must give a complete itemized listing of all personal property acquired in a business purchase. Include additions made prior to Jan. 1 since that purchase.  
**AS OF JANUARY 1, DID YOUR BUSINESS CEASE OPERATIONS?**  Yes  No  
If yes, please complete:  Personal Property Sold  Personal Property Stored Date Sold/Stored \_\_\_\_\_  
If sold, Selling Price of Furnishings, Assets, and Equipment Only: \$ \_\_\_\_\_  
If sold, Name and Contact Information of New Owner of the Personal Property: \_\_\_\_\_ Phone Number \_\_\_\_\_  
NOTE: If sold to more than one new owner, please attach a listing of the new owners.
- PROPERTY CHANGED LOCATION TO \_\_\_\_\_ ON (DATE) \_\_\_\_\_

**D. ITEMIZED LISTING OF PERSONAL PROPERTY:** FOR THE MOST ACCURATE ASSESSMENT, IT IS RECOMMENDED THAT YOU ATTACH A COMPLETE ITEMIZED ASSET LISTING WITH EACH BUSINESS PERSONAL PROPERTY DECLARATION FILING.

- CHECK HERE IF THERE ARE NO CHANGES FROM LAST YEAR'S DECLARATION SCHEDULE INFORMATION. IF SO, GO DIRECTLY TO SECTION H. COMPLETE THE FORM, SIGN IT, AND RETURN FORM TO THE ASSESSOR. NOTE: DO NOT CHECK THIS BOX IF THIS IS A NEW BUSINESS OR ORGANIZATION.
- If NO ADDITIONS, check here; otherwise, list all personal property acquired prior to January 1. Attach additional sheets if necessary. NOTE: Include ALL Expensed Assets with a Life of Greater Than 1 Year, Fully Depreciated Assets Still in Use, and Stored Assets. **Do not report licensed vehicles in this section.**

Item ID#	Quantity	Description Including Model or Capacity	Year Acquired	New or Used (check only one)	Original Installed Cost	Mo & Yr First Placed into Service
				<input type="checkbox"/> New <input type="checkbox"/> Used	\$	
				<input type="checkbox"/> New <input type="checkbox"/> Used	\$	
				<input type="checkbox"/> New <input type="checkbox"/> Used	\$	
				<input type="checkbox"/> New <input type="checkbox"/> Used	\$	
				<input type="checkbox"/> New <input type="checkbox"/> Used	\$	

- If NO DELETIONS, check here; otherwise, list all personal property sold, traded, or discarded prior to January 1. Attach separate sheet(s) if needed.

Item ID#	Quantity	Description Including Model or Capacity	Year Acquired	New or used (check only one)	Original Installed Cost
				<input type="checkbox"/> New <input type="checkbox"/> Used	\$
				<input type="checkbox"/> New <input type="checkbox"/> Used	\$

**E. MOBILE EQUIPMENT: (Not leased, loaned or rented)**

Check here and complete this section if there is any mobile equipment at this location.

Item ID #	Description / Model or Capacity	Licensed/ Z-Tab	Year Acquired	Check New or Used for Each Item	Your Original Installed Cost	Year in use
		<input type="checkbox"/>		<input type="checkbox"/> New <input type="checkbox"/> Used	\$	
		<input type="checkbox"/>		<input type="checkbox"/> New <input type="checkbox"/> Used	\$	
		<input type="checkbox"/>		<input type="checkbox"/> New <input type="checkbox"/> Used	\$	

**F. GENERAL LEDGER: (Original installed costs only) DO NOT USE FISCAL YEAR BALANCES.** Do not list mobile equipment with SMM license plates, rental decals, or Z-tabs.

	Furniture	Machinery & Equipment	Capitalized Mobile Equipment	Electronic Office Equipment	Computers	Signs	All Other
BALANCE JAN. 1, 2020							
BALANCE JAN. 1, 2021							

**G. FULLY DEPRECIATED ASSETS / EXPENSED ITEMS:** Attach a separate sheet including the appropriate Federal Forms denoting all fully depreciated assets and expensed items. If you have none, write "None."

Description	Year Acquired	Cost	Description	Year Acquired	Cost
1.		\$	4.		\$
2.		\$	5.		\$
3.		\$	6.		\$

**H. LEASED, LOANED, OR RENTED PROPERTY: (Declare Property Owned by Others)**

Did you have any leased, loaned, or rented machinery, equipment, furniture, signs, vending machines, etc., at this location on January 1?

Yes  No

If you checked yes, list the items below, showing owner's name, address, and telephone number; property description; etc. If any of the leased equipment listed is capitalized on your books and records, please check the box at the beginning of the line corresponding with the name of the Lessor. If additional room is needed, attach a complete listing of all leased personal property. If you checked no, go to Section I to complete this form.

H.1. Personal Property							
Owner/Lessor's Name, Address, Telephone Number	Description Including Model/ Serial No. or Capacity	New or Used	Tot. Lease Cost	Orig. Inst. Cost	Lease Number	Term From -To	Annual Rent
<input type="checkbox"/>		<input type="checkbox"/> New <input type="checkbox"/> Used	\$	\$			\$
<input type="checkbox"/>		<input type="checkbox"/> New <input type="checkbox"/> Used	\$	\$			\$
<input type="checkbox"/>		<input type="checkbox"/> New <input type="checkbox"/> Used	\$	\$			\$
H.2. Mobile Equipment		Lic'd/Z-Tab					
<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> New <input type="checkbox"/> Used	\$	\$			\$
<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> New <input type="checkbox"/> Used	\$	\$			\$

If purchase or maintenance options are included in the total annual \$ rent shown above, check here and furnish details.

**I. RENEWABLE ENERGY PROPERTY: (e.g., solar, wind, hydroelectric personal property) IS THERE ANY AT THIS LOCATION?**

Yes  No. IF YES, THE PROPERTY IS:  Owned  Leased. IF OWNED, COMPLETE THE DS 058 FORM.

**J. DECLARATION: (THIS RETURN IS SUBJECT TO AUDIT)**

"I declare, under penalty of perjury in the second degree, that this schedule, together with any accompanying exhibits or statements, has been examined by me and to the best of my knowledge, information, and belief sets forth a full and complete list of all taxable personal property owned by me, or in my possession, or under my control, located in this county, Colorado, on the assessment date of this year; that such property has been reasonably described and its value fairly represented; and that no attempt has been made to mislead the assessor as to its age, quality, quantity, or value." § 39-5-107(2), C.R.S.

PROPERTY OWNER'S FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)/SOCIAL SECURITY NUMBER (SSN) \_\_\_\_\_

NAME OF OWNER \_\_\_\_\_

PRINT NAME OF PERSON SIGNING \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

SIGNATURE OF OWNER OR AGENT \_\_\_\_\_ DATE \_\_\_\_\_

Check here if new agent. If new agent, submit a letter of authorization when filing this form.

**PLEASE COMPLETE, SIGN AND RETURN TO THE ASSESSOR ON OR BEFORE APRIL 15, 2021.**