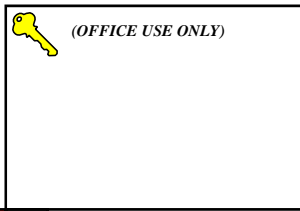


(Ref OTC Form)  
**FORM 901**  
**TAX YEAR 2020**

**BUSINESS PERSONAL PROPERTY RETURN**  
**LARRY STEIN**  
**OKLAHOMA COUNTY ASSESSOR**  
 320 Robert S. Kerr - Oklahoma City, Ok 73102  
 www.assessor.oklahomacounty.org  
 (405) 713-1222 Fax# (405) 713-1220



**IMPORTANT: DELINQUENT PENALTIES AFTER MARCH 15, 2020**

ACCOUNT # ? ARBITRARY FREEPORT TAX DISTRICT

**OWNERS NAME** \_\_\_\_\_  
**FED/STATE EMPLOYER ID #** \_\_\_\_\_  
**TYPE OF BUSINESS** \_\_\_\_\_  
**STANDARD INDUSTRIAL CODE**   
**USABLE SQ/FT.** \_\_\_\_\_ **# OF UNITS** \_\_\_\_\_  
**LOCAL TELEPHONE #** \_\_\_\_\_  
**PHYSICAL LOCATION OF PROPERTY** \_\_\_\_\_  
**START DATE AT THIS LOCATION?**    /    /     
**ARE YOU STILL AT THIS LOCATION?**  
 Y  N  **IF NO, SEE PART VII ON BACK**  
**OTHER BUSINESS INCLUDED IN THIS RETURN?**  
 Y  N  **IF YES LIST:** \_\_\_\_\_

**START HERE**

**PART II** Assets must be listed by year acquired.

<b>OKLAHOMA TAXABLE FIXED ASSETS BY YEAR ACQUIRED</b>										
YEAR ACQ.	FURNITURE & FIXTURES		YEAR ACQ.	MACHINERY & EQUIPMENT <small>DO NOT INCLUDE LICENSED VEHICLES</small>		YEAR ACQ.	COMPUTER EQUIPMENT <small>DO NOT INCLUDE SOFTWARE</small>		YEAR ACQ.	TOTAL COST
	PREVIOUS COST	ORIGINAL COST		PREVIOUS COST	ORIGINAL COST		PREVIOUS COST	ORIGINAL COST		
2010 & BEFORE			2010 & BEFORE			2015 & BEFORE				
2011			2011			2016				
2012			2012			2017				
2013			2013			2018				
2014			2014			2019				
2015			2015			TOTAL COST				
2016			2016			2016	<b>TOOL &amp; DIE/VIDEO RENTALS</b>			
						YEAR ACQ.	PREVIOUS COST	ORIGINAL COST		
2017			2017			2017 & BEFORE				
2018			2018			2018				
2019			2019			2019				
TOTAL COST			TOTAL COST			TOTAL COST				

**PART III INVENTORY**

Jan \$ (Begin)	_____
Feb \$	_____
Mar \$	_____
Apr \$	_____
May \$	_____
June \$	_____
July \$	_____
Aug \$	_____
Sept \$	_____
Oct \$	_____
Nov \$	_____
Dec \$ (End)	_____
<b>Total \$</b>	_____
<small>(Sum all months)</small>	
Average \$	_____
<small>(Total divided by # of months)</small>	

Scan the QR code below with your Smart Phone to access your account online.

**TOTAL FIXED ASSETS:**  
**(Sum of Furniture, Machinery, Computers & Tooling)**

TOTAL FIXED ASSETS:	_____
FIXED ASSETS GRAND TOTAL + INV=	_____
<i>(OFFICE USE ONLY)</i>	

**PART IV LEASEHOLD IMPROVEMENTS**

PREV. ORIGINAL COST	PREV. DEPRECIATION
_____	_____
LEASEHOLD NEW ACQ.	DEPRECIATION
_____	_____
TOTAL COST	TOTAL DEPRECIATION
_____	_____

_____	+	_____
Plus Consignment/Floorplan		
LESS FREEPORT EXEMPTION	-	_____
<small>(MUST FILE FORM 901-F)</small>		
_____		_____
<b>TAXABLE INVENTORY</b>		

**PART V DISPOSALS LIST ANY DISPOSALS OF PROPERTY DURING 2019 ON REVERSE SIDE OF THIS FORM**

I, \_\_\_\_\_ under penalties of perjury, do hereby depose and say that I am \_\_\_\_\_ of \_\_\_\_\_ Company; that as such I am acquainted with the books, accounts, and affairs of said company and know that the accompanying statement to be true, correct and complete, and that all information requested herein has been fully and correctly given to the best of my knowledge. (68 O.S. 1991 Section 2945 provides penalties for false oaths).

**SIGN HERE**

Signature of preparer if other than taxpayer \_\_\_\_\_

Taxpayer's Signature \_\_\_\_\_

Audit Contact Person (Print) \_\_\_\_\_

Preparer's Name (Print) \_\_\_\_\_

Taxpayer Name (Print) \_\_\_\_\_

Phone Contact \_\_\_\_\_

**(OFFICE USE ONLY)**

PARCEL # \_\_\_\_\_

PENALTY	DEPUTY
1 2	DATE

LISTING OF DISPOSALS OF PROPERTY DURING 2019  
REMOVE THE ASSETS ORIGINAL COSTS FROM FRONT SIDE OF THIS FORM



**PART V** List Below: Assets Sold, Scrapped, Transferred or otherwise Disposed of in 2019

FURNITURE & FIXTURE DISPOSALS	YEAR ACQUIRED	ORIGINAL COST (NOT BOOK VALUE)
Description:		
TOTAL		

MACHINERY & EQUIPMENT DISPOSALS	YEAR ACQUIRED	ORIGINAL COST (NOT BOOK VALUE)
Description:		
TOTAL		

COMPUTER EQUIPMENT DISPOSALS	YEAR ACQUIRED	ORIGINAL COST (NOT BOOK VALUE)
Description:		
TOTAL		

LEASEHOLD IMPROVEMENT DECREASES	YEAR ACQUIRED	ORIGINAL COST (NOT BOOK VALUE)
Description:		

**PART VI** STATEMENT OF LEASED EQUIPMENT – AS OF JANUARY 1, 2020 TO BE COMPLETED BY LESSEE ONLY

FULL NAME & ADDRESS OF OWNER OF EQUIPMENT	QUANTITY & DESCRIPTION OF EQUIPMENT	ORIGINAL COST

**PART VII** BUSINESS CLOSED, SOLD, OR MOVED

WHAT WAS THE PROPERTY LOCATION JANUARY 1, 2020? \_\_\_\_\_

DO YOU STILL OWN THE BUSINESS PERSONAL PROPERTY? Y  N

IF YES, COMPLETE FRONT SIDE OF THIS FORM.

IF NO, DATE SOLD \_\_\_\_ / \_\_\_\_ / \_\_\_\_

PURCHASED BY: NAME: \_\_\_\_\_

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

Phone # (     )     -     \_\_\_\_\_