



New Resident Personal Property Assessment List

Assessment Year: _____

Bob S. Boyer

Jefferson County Assessor

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Missouri law section 137.340 requires that every person owning or controlling tangible personal property shall file with the assessor (in the county in which they reside) a list of all the tangible personal property owned or controlled on January 1st. If you were a new resident to Jefferson County on January 1st, please print and complete this form and e-mail, fax, or mail to:
Department of the Jefferson County Assessor, PO Box 100, Hillsboro MO 63050, Attn – Personal Property.

PLEASE PRINT

LAST NAME:	FIRST NAME:	M/I:	SPOUSE:	M/I:
MAILING ADDRESS:		CITY:		STATE: ZIP:
PHYSICAL ADDRESS:		CITY:		STATE: ZIP:
MOVED FROM:	DATE MOVED INTO JEFFERSON COUNTY: Month: Day: Year:			
PHONE NUMBER:	EMAIL ADDRESS:			
OFFICE USE ONLY: SCH _____ FIR _____ AMB _____ ROD _____ CIT _____				
DATE RECEIVED: _____ CLERK: _____ ACCOUNT #: _____				

Please list items owned on January 1st of the year you are filing for in the appropriate space provided. On this side of the form, you will find a place for autos, trucks, SUV's, motorcycles, motor homes, campers, boats, and trailers. On the back of the form, you will find a place to list heavy trucks and trailers, farm equipment, livestock, buses, airplanes, and mobile homes.

Do not report leased vehicles on this form. Your leasing company is responsible for reporting them.

After listing all personal property, please sign and date the back of this form.

ITEM	YEAR	MAKE (Ex: FORD, CHEVY)	MODEL/SERIES (Ex: FUSION SE, CRUZE LT)	BODY TYPE 2D, 4D, SW, CV	CYLINDERS 4, 6, 8	VEHICLE IDENTIFICATION NUMBER VIN			
AUTO									
HISTORICAL VEH.									
TRUCK, SUV, VAN	YEAR	MAKE (Ex: DODGE)	MODEL/SERIES/DRIVE (Ex: RAM LARAMIE 2WD)	TONS ½, ¾, 1 REG, EXT, CREW, QUAD	CAB STYLE 4, 6, 8	DIESEL YES / NO	VIN		
MOTORCYCLE ATV OR UTV	YEAR	MAKE (Ex: HONDA, YAMAHA)	MODEL (Ex: SHADOW, GRIZZLY)	CC'S (750, 350)	M/C	ATV	UTV	VIN	
MOTOR HOME	YEAR	MAKE	SERIES	LENGTH	VIN				
CAMPER	FOLD DOWN <input type="checkbox"/> UPRIGHT <input type="checkbox"/> 5TH WHEEL <input type="checkbox"/>								
	BOAT YEAR	MAKE	MODEL/TYPE (Ex: JON, BASS, PONTOON)	LENGTH	MATERIAL (FIBER/ALUM)	MOTOR YEAR	MOTOR MAKE	MOTOR TYPE (CHECK ONE)	
BOAT, MOTOR, JET SKI							OB	I/O	IB
							OB	I/O	IB
							OB	I/O	IB
TRAILER	YEAR	TYPE (UTILITY, FLATBED, BOAT, CARGO, HORSE - 2, 4, 6, STOCK)	HITCH TYPE GOOSENECK / BUMPER	HOMEMADE YES / NO	LENGTH	VIN			

HEAVY TRUCK OVER 1 TON	YEAR	MAKE (Ex: KENWORTH, VOLVO)	BODY TYPE (Ex: SEMI, DUMP)	GLW	# AXLES	VIN							
TRACTOR TRAILER	YEAR	MAKE (Ex: GREAT DANE, DORSEY)	TYPE (Ex: DRY FREIGHT, REFR)	LENGTH	# AXLES	VIN							
BUS	YEAR	MAKE	BODY TYPE	# OF PASSENGERS		VIN							
AIRPLANE	YEAR	MODEL	SERIES #	N #		MAX CERT GROSS TAKE OFF WEIGHT							
FARM TRACTOR, FARM MACHINERY, HEAVY EQUIPMENT	YEAR	MAKE	DESCRIPTION (TRACTOR, COMBINE, PLOW, BALER, RAKE, BRUSH HOG, BULLDOZER, BACKHOE)						MODEL #				
LIVESTOCK LIST NUMBER OF ANIMALS	TYPE	QTY	TYPE	QTY	TYPE	QTY	TYPE	QTY					
	COWS AND BULLS		PIGS		SLAUGHTER LAMBS		GOATS						
	CALVES, 400 lbs or less		BOARS AND SOWS		REPLACEMENT EWES		HORSES						
YEARLINGS, 400-700 lbs		GILTS AND BARROWS		FEEDER LAMBS		BEE COLONIES							
CROPS & GRAIN	TYPE	# of BUSHELS	TYPE	# of BUSHELS	TYPE	# of BUSHELS							
MOBILE HOMES													
YEAR	MAKE	MODEL		WIDTH	LENGTH	SERIAL # OR VIN							
NAME OF LANDOWNER IF DIFFERENT FROM MOBILE HOMEOWNER:													
IF LOCATED IN MOBILE HOME PARK, PLEASE LIST PARK NAME & LOT NUMBER:													
ADDRESS OF MOBILE HOME:													

Please read and sign below before returning form

I 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.

Signature _____

Spouse's Signature _____

Daytime Telephone # _____ Date _____