



**Business Property  
 Assessment Return**  
**(907) 343-6770**

TAX YEAR <b>2019</b>
<input type="checkbox"/> Amended

**This return must be postmarked and returned before April 20, 2019\***, and is subject to audit and verification. If you have questions about this form, please call (907)343-6770 or visit our web site at [www.muni.org/finance/papersonal.cfm](http://www.muni.org/finance/papersonal.cfm) and download recently updated instructions for information. \*For consideration of a timely postmark on April 20<sup>th</sup> it must be an Official Postal Service postmark.

**Before mailing this return, please double-check that you:**

- |   |   |
|---|---|
| <input type="checkbox"/> Verify pre-printed information in <b>Part I</b>  | <input type="checkbox"/> Verify pre-printed information and complete all appropriate schedules for each business location in <b>Part IV</b> |
| <input type="checkbox"/> Identify business closure during the previous calendar year in <b>Part II</b>  | <input type="checkbox"/> Complete appropriate special property schedules for each business location in <b>Part V</b>                        |
| <input type="checkbox"/> Provide all business and ownership information in <b>Part III</b><br>Verify the NAICS Code and Business License Number | <input type="checkbox"/> Provide all required signatures for the return in <b>Part VI</b>   |

**Part I – Name, Address and Contact**

Review all the pre-printed information to verify accuracy. Cross-out and/or insert information as appropriate. <input type="checkbox"/> Check this box if there are no changes or additions to the pre-printed information.	
Account Number:	Name of Contact Person:
Business Name:	Title of Contact Person:
<b>Mailing Address:</b>  City, State, Zip Code:	E-mail Address of Contact Person:
<b>Billing Address:</b>  City, State, Zip Code:	Telephone Number: ( ) _____ - _____
	Fax Number: ( ) _____ - _____

**Part II – Closure**

Indicate if the business named above was <b>closed, sold</b> or <b>liquidated</b> during the previous calendar year. <b>Note:</b> If closed after 12/31/18, you are still responsible for filing a 2019 Business Property Assessment Return.		
Type of Closure:	Date of Closure:	Business Assets were (check appropriate box or boxes): Converted to Personal Use      Sold      Other: _____
New Owner Name, Address & Phone (if sold):		

**Part III – Ownership Information**

Ownership Type (check one): <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Other: _____		
Owner Name(s):	State of Alaska Business License # : License Expiration Date:	
Type of Business:	State NAICS Code / Line of Business and Activities Code:	Years in Business:
List all business licenses related to this business:		



**Part IV – Property Schedules 1 – 19**

The following information is to be provided at the top of each schedule page for **each business location**. Review all the pre-printed information to verify accuracy. Cross-out and/or insert information as appropriate.

Tax District:	Account Number:	Business Name:
Business Location:		

Complete all appropriate schedules for each business location.

<b>For Leasing Companies Only</b>	<input type="checkbox"/> Check this box if you have submitted your rendition in one of the acceptable, alternative electronic formats. Then provide the required signatures on page 8.
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<b>Schedule 1</b>	<b>Inventory for Sale on Hand January 1, 2019</b>

<b>Schedule 2</b>	<b>Supplies on Hand January 1, 2019</b>

<b>Schedule 3</b>	<b>Office Furniture, Equipment and Leasehold Improvements</b>	
Year of Acquisition	Total Original Installed Cost	Net Additions / (Deletions)
2009 and Prior		
2010		
2011		
2012		
2013		
2014		
2015		
2016		
2017		
2018		
Value <small>MOA Internal Use Only</small>		

<b>Schedule 4</b>	<b>Computers and Data Processing Equipment</b>	
Year of Acquisition	Total Original Installed Cost	Net Additions / (Deletions)
2013 and Prior		
2014		
2015		
2016		
2017		
2018		
Value <small>MOA Internal Use Only</small>		

<b>Schedule 5</b>	<b>Store, Restaurant and Warehouse Equipment</b>	
Year of Acquisition	Total Original Installed Cost	Net Additions / (Deletions)
2009 and Prior		
2010		
2011		
2012		
2013		
2014		
2015		
2016		
2017		
2018		
Value <small>MOA Internal Use Only</small>		

MOA Internal Use Only



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<input type="checkbox"/> Amended

**Part IV – Property Schedules 1 – 19, cont.**

The following information is to be provided at the top of each schedule page for **each business location**. Review all the pre-printed information to verify accuracy. Cross-out and/or insert information as appropriate.

Account Number:	Business Name:
Business Location:	

Complete all appropriate schedules for each business location.

Schedule 6 Construction and Manufacturing Equipment		
Year of Acquisition	Total Original Installed Cost	Net Additions / (Deletions)
2011 and Prior		
2012		
2013		
2014		
2015		
2016		
2017		
2018		
Value <small>MOA Internal Use Only</small>		

Schedule 9 Connex / Underground Storage Tanks		
Year of Acquisition	Total Original Installed Cost	Net Additions / (Deletions)
2004 and Prior		
2005		
2006		
2007		
2008		
2009		
2010		
2011		
2012		
2013		
2014		
2015		
2016		
2017		
2018		
Value <small>Internal Use Only</small>		

Schedule 7 B&B / Hotel / Rental Furnishings		
Year of Acquisition	Total Original Installed Cost	Net Additions / (Deletions)
2010 and Prior		
2011		
2012		
2013		
2014		
2015		
2016		
2017		
2018		
Value <small>MOA Internal Use Only</small>		

Schedule 10 Artwork		
Year of Acquisition	Total Original Installed Cost	Net Additions / (Deletions)
2017 and Prior		
2018		
Value <small>MOA Internal Use Only</small>		

Schedule 8 Videos / Games/DVD		
Year of Acquisition	Total Number of Videos and Games	Net Additions / (Deletions)
2017 and Prior		
2018		
Value <small>MOA Internal Use Only</small>		

MOA Internal Use Only



**Part IV – Property Schedules 1 – 19, cont.**

The following information is to be provided at the top of each schedule page for **each business location**. Review all the pre-printed information to verify accuracy. Cross-out and/or insert information as appropriate.

Account Number:	Business Name:
Business Location:	

**Complete all appropriate schedules for each business location.**

Schedule 11	Cable / Antenna / Cell Towers / Kiosks	
Year of Acquisition	Total Original Installed Cost	Net Additions / (Deletions)
1999 and Prior		
2000		
2001		
2002		
2003		
2004		
2005		
2006		
2007		
2008		
2009		
2010		
2011		
2012		
2013		
2014		
2015		
2016		
2017		
2018		
Value <small>MOA Internal Use Only</small>		
Schedule 12	Medical / Dental Equipment	
Year of Acquisition	Total Original Installed Cost	Net Additions / (Deletions)
2009 and Prior		
2010		
2011		
2012		
2013		
2014		
2015		
2016		
2017		
2018		
Value <small>MOA Internal Use Only</small>		

Schedule 13	Uniforms, Hotel / Motel Linens, Clothing and Costume Rentals	
Year of Acquisition	Total Original Cost	Net Additions / (Deletions)
2016 and Prior		
2017		
2018		
Value <small>MOA Internal Use Only</small>		
Schedule 14	Rail Cars	
Year of Acquisition	Total Original Installed Cost	Net Additions / (Deletions)
2004 and Prior		
2005		
2006		
2007		
2008		
2009		
2010		
2011		
2012		
2013		
2014		
2015		
2016		
2017		
2018		
Value <small>MOA Internal Use Only</small>		

Schedule 16m	High Tech Medical/Dental/Optical	
Year of Acquisition	Total Original Installed Cost	Net Additions/(Deletions)
2011 and Prior		
2012		
2013		
2014		
2015		
2016		
2017		
2018		
Value MOA Internal Use Only		



**Part IV – Property Schedules 1 – 19, cont.**

The following information is to be provided at the top of each schedule page for **each business location**. Review all the pre-printed information to verify accuracy. Cross-out and/or insert information as appropriate.

Account Number:	Business Name:
Business Location:	

Complete all appropriate schedules for each business location.

Schedule 15	Assets that have an 50 year Life Pipeline		Schedule 15 Continued	Pipeline Continuation	
Year of Acquisition	Total Original Installed Cost	Net Additions / (Deletions)	Year of Acquisition	Total Original Installed Cost	Net Additions / (Deletions)
1969 and Prior			1994		
1970			1995		
1971			1996		
1972			1997		
1973			1998		
1974			1999		
1975			2000		
1976			2001		
1977			2002		
1978			2003		
1979			2004		
1980			2005		
1981			2006		
1982			2007		
1983			2008		
1984			2009		
1985			2010		
1986			2011		
1987			2012		
1988			2013		
1989			2014		
1990			2015		
1991			2016		
1992			2017		
1993			2018		
<b>Schedule 15 continues to the right</b>			Value MOA Internal Use Only		

Recently updated instructions and additional form pages may be downloaded at [www.muni.org/finance/papersonal.cfm](http://www.muni.org/finance/papersonal.cfm)



**Part IV – Property Schedules 1 – 19, cont.**

The following information is to be provided at the top of each schedule page for **each business location**. Review all the pre-printed information to verify accuracy. Cross-out and/or insert information as appropriate.

Account Number:	Business Name:
Business Location:	

Complete all appropriate schedules for each business location.

Schedule 16	Other (for every asset not reported in schedules 1-15 or 17-21)		
Year of Acquisition	Total Original Installed Cost	Net Additions / (Deletions)	Please describe asset in the space below
2008 and Prior			
2009			
2010			
2011			
2012			
2013			
2014			
2015			
2016			
2017			
2018			
Value MOA Internal Use Only			

Schedule 17	Aircraft Used in Business		
Model	Avg Age	Number of Landings (annual)	

Schedule 18	Mobile Homes Used in Business						
Space Number	Location - Mobile Home Park (if on private lot, list legal description or Assessor ID #)	Make	Year	Width	Length	Tip-out Size	Additions or Carport Size

**If additional space is needed for Schedules 17, 18, 19, 20 or 21; then attach a sheet of paper with the required information.**



**Part V – Special Property Schedules**

The following information is to be provided at the top of each schedule page for **each business location**. Review all the pre-printed information to verify accuracy. Cross-out and/or insert information as appropriate.

Account Number:	Business Name:
Business Location:	

Complete the appropriate special property schedules for each business location.

Schedule 19		Boats Used in Business			
Make:	Type of Material: <input type="checkbox"/> Aluminum <input type="checkbox"/> Fiberglass	Powered by (check appropriate boxes for motor type and provide horsepower):		Outboard Motor Information (if applicable)	
Model: Year:	<input type="checkbox"/> Wood <input type="checkbox"/> Other: _____	Inboard, HP: _____		Make:	Model:
Boat Length:	USCG Number (if applicable):	Inb'd-outb'd, HP: _____		Year:	
Original Installed Cost (for both boat and motor):		Year Purchased:			
Make:	Type of Material: <input type="checkbox"/> Aluminum <input type="checkbox"/> Fiberglass	Powered by (check appropriate boxes for motor type and provide horsepower):		Outboard Motor Information (if applicable)	
Model: Year:	<input type="checkbox"/> Wood <input type="checkbox"/> Other: _____	Inboard, HP: _____		Make:	Model:
Boat Length:	USCG Number (if applicable):	Inb'd-outb'd, HP: _____		Year:	
Original Installed Cost (for both boat and motor):		Year Purchased:			

Schedule 20		Leased Property (not real estate)				
Name and Address of Lessor	Description of Property, Lease Number	Date of Lease	Term of Lease	Original Cost	Annual Lease Payments	

Schedule 21		Non-Owned Property at Business Location	
(not owned by business but at the business location on January 1, and other than Leased Property listed in Schedule 20)			
Name and Address of Owner	General Property Description		



### Important Information

#### See Anchorage Municipal Code (AMC) Title 12 and Alaska Statute (AS) Title 29

Every person who owns or controls business personal property within the Municipality as of January 1 of each year must file a business personal property assessment return indicating ownership or control of the business personal property. See AMC 12.10 et seq. **This Business Property Assessment Return must be postmarked and returned before April 20, 2019.** Delinquent returns will be subject to a late filing penalty.

In accordance with Alaska Statute, the Municipal Assessor is to assess property at its full and true value as of January 1 of the assessment year. The full and true value is the estimated price which the property would bring in an open market under the then prevailing market conditions in a sale between a willing seller and a willing buyer both conversant with the property and with prevailing general price levels. See AS 29.45 et seq.

**The completed business property assessment return may be subject to audit and verification.** Civil penalties may be assessed in the event that false information is provided on this return.

If you have questions about this return form, please call the **Municipality's Property Appraisal Customer Service at (907)343-6770** or visit our web site at [www.muni.org/finance/paperpersonal.cfm](http://www.muni.org/finance/paperpersonal.cfm) . For information regarding municipal code, please contact the Municipal Clerk at (907) 343-4311. For Alaska Statute information, please call the State of Alaska Legislative Information Office (LIO) at (907) 269-0111, by e-mail to [Anchorage.LIO@legis.state.ak.us](mailto:Anchorage.LIO@legis.state.ak.us) , or visit their web site at [www.legis.state.ak.us](http://www.legis.state.ak.us) .

#### Part VI – Required Signatures

**Important:** The business signature **and** the preparer signature, if other than the taxpayer, are **both** required.

Business Signature			
I swear or affirm, under penalty of perjury, that I have examined this return, including any accompanying schedules, statements, and documentation, and to the best of my knowledge and belief it is true, correct and complete and includes all property required to be reported under the laws of the Municipality of Anchorage.			
_____			
Printed name of person signing form as Owner, Partner, Officer or Authorized Agent			
_____			
Signature	Title	Telephone	Date
Preparer Signature			
If prepared by a person other than the taxpayer, the above affirmation shall be based upon all information of which the preparer has knowledge.			
_____			
Printed name of preparer and company name			
_____			
Signature of preparer other than taxpayer	Telephone	Date	