MR. NORBERT A. NETZEL, ASSESSOR NAME ACCT MONROE COUNTY ASSESSOR'S OFFICE BUSINESS CODE: TAX YEAR: 2014 PO BOX 350 MONROE COUNTY, WEST VIRGINIA INDIVIDUAL PERSONAL PROPERTY UNION, WV 24983 AND REAL ESTATE REPORT (PROPERTY OWNED ON JULY 1, 2013). THE LAW PROVIDES THAT EVERY PERSON LIABLE TO TAXATION SHALL MAKE A REPORT IN WRITING TO THE ASSESSOR OF THEIR PROPERTY WHETHER CALLED UPON BY THE ASSESSOR OR NOT. THIS REPORT SHOULD BE REVIEWED AND FILED WITH THE APPLICABLE CHANGES AS SOON AS POSSIBLE AFTER JULY 1, BUT NO LATER THAN THE FIRST DAY OF OCTOBER. REFER TO INSTRUCTIONS, IF ENCLOSED, OR CONTACT YOUR ASSESSOR'S OFFICE IF YOU NEED ASSISTANCE IN COMPLETING THIS FORM. FILING LATE OR FAILURE TO FILE MAY RESULT IN A \$25.00 TO \$100.00 MAILING ADDR: STATE:\_\_\_\_ZIP:\_\_\_ ACCOUNT #: PHYSICAL ADDR: CHANGE OF ADDRESS: \_\_\_\_\_ 2014 BASED ON JULY 1, 2013 TAX YEAR: TAX DISTRICT: EMAIL: PHONE: \_\_\_ (OPTIONAL) SS #: SCHEDULE 1 ------ VEHICLES, BOATS, BOAT MOTORS, AIRCRAFT, ATVS AND OTHER PERSONAL PROPERTY ------LIST CARS, TRUCKS, VANS, MOTORCYCLES(SHOW CCS), SCOOTERS, MOBILE CAMPERS, MOTOR HOMES, AIRCRAFT, BOATS AND TRAILERS, UTILITY TRAILERS, DOZERS, BACKHOES, WELDERS, RECREATIONAL 4-WHEELERS, SHOW OR RACE HORSES, SHOW OR RACE DOGS ETC. INCLUDE UNLICENSED VEHICLES. ( DO NOT LIST LEASED VEHICLES) VIN IS REQUIRED FOR ACCURATE VALUATION. IF YOU DO NOT OWN ANY, WRITE NONE! ACTIVE MILITARY PERSONNEL MUST PROVIDE DOCUMENTATION OF THEIR STATUS ON JULY 1. \*OLDER VEHICLES MAY REQUIRE A PHOTO AS OF JULY 1,2013 VIN. CC'S FOR MOTORCYCLES & ATV'S PURCHASE PURCHASE OWNER'S ASSESSOR TYPE MAKE MODEL YEAR LENGTH, WIDTH OF RV, BOATS & TRAILERS COST VALUE USE \*\*\* ALL PERSONAL PROPERTY WITH MULTIPLE YEAR LICENSE RENEWAL MUST BE REPORTED ON THIS FORM PER WV STATE CODE.\*\*\* ------ MOBILE HOMES AND CABINS - MORE THAN 1 ATTACH LIST -------SCHEDULE 2 \_\_ SIZE: \_\_ MOBILE HOME TRADE NAME: \_\_\_\_\_ SUB PARCEL: \_\_\_\_\_SPECIAL ID:\_\_\_\_ DISTRICT : \_\_\_\_ MAP :\_\_\_\_ PARCEL : \_\_\_\_ YEAR \_\_\_\_ PERMIT NO: \_\_\_\_\_USED FOR: \_\_RESIDENCE: \_\_\_\_ RENTAL: \_\_\_\_\_
IMPROVEMENTS TO MOBILE HOME: \_\_\_\_ OWNER'S VALUE \_\_\_\_\_ASSESSOR'S VALUE\_\_\_\_\_

IF YOU WILL BE 65 YEARS OF AGE, OR OLDER, BEFORE JUNE 30TH OF THE NEXT YEAR,OR IF YOU ARE PERMANENTLY DISABLED, THEN YOU MAY FILE FOR THE HOMESTEAD EXEMPTION. SEPARATE APPLICATION MUST BE MADE TO THE COUNTY ASSESSOR NO LATER THAN DEC 1

\_\_\_\_\_PHONE NUMBER:\_\_\_\_

TAXPAYER'S SIGNAT	URE	DATE	(SEE	REVERSE	OR	NEXT	PAGE)
INVINIEW O OTOLIN							

CABIN SIZE:\_\_\_\_\_ OWNER VALUE:\_\_\_\_

NAME OF LANDOWNER\_\_\_\_\_

TAX DISTRICT:

SCHEDULE	3			LIST	OF REAL ES	TATE OWNED -				
DISTRICT, MAP & PARCEL # (FROM YOUR TAX TICKET)		P	BUILDING USED FOR: PRIMARY RESIDENCE, SECOND HOME, OR RENTAL (LIST USE)		FARM, COMMERCIAL OR RESIDENTIAL (LIST USE)		OWNER'S		BUILDING	
SCHEDIII E	4									
SCHEDULE .	4	CONS	NEW BUILDIN	GS, STRUCTU	JRES, ADDI	TIONS, DELET	IONS AND REM	ODELING		
BUILDING F	PERMIT MAY BE R	EQUIRED	STRUCTED UN	TOOK PROPER	IT DOKING	THE PAST 12	MONTHS			
TOTAL COST	Г\$	DESCRI	BE (GARAGE,	PORCH, ETC	:)		WHICH T	RACT OF LAND		
	5 ON JULY 1		(IF	MORE THAN	2, ATTACH	LIST)		YOUR LAND?		
IF NONE, W	RITE NONE:	IF	YES,GIVE NU	MBER:	AND (	COMPLETE SCH	DULE BELOW.			
DISTRICT :		MAP :	PARCI	EL :	•	SUB PAR	RCEL:			
MORTLE HOM	IE OR CABIN OWN	ER'S NAME				PHONE N	IUMBER:			
HODILL HOL	IE OR CABIN OWN	LK 3 NAME				PHONE N	IUMBER:			
SCHEDULE 6	i									
IF YOU DO	NOT OWN A HOME	AND YOU REN	T. WHO TS VO	NIE I ANDI OB	D2					
DISTRICT :	1	MAP :	PARCE	EL :	D:	SUR PAR	ICEL .			
IF YOU ARE	BUYING PROPERT	TY ON A LAND	CONTRACT WE	O IS THE S	ĖLLER? ARE	YOU LIVING	ON THIS PROF	ERTY?		
NAME :							Y	'ES	NO	
DISTRICT :		MAP :	PARCE	EL :		SUB PAR	CEL:			
SCHEDULE 7						JANUARY 1,				
	ERSONAL PROPERT									
CERTIFICAT	E, FARM MACHINE	EKY AND EQUI	PMENI, LIVES	STOCK AND P	RODUCTS OF	AGRICULTURE	WHILE IN TH	IE HANDS OF	THE PRODUCER.	
*****			COYOTE FUN	ID FEE					*****	
*****	LIST NUMBER OF	SHEEP AND G			SHEEP		GOATS		*****	
	PLEASE INCLUDE								****	
SCHEDULE 8										
			*** MAIL I	N FEE WITH	COMPLETED	FORM ***				
								OFFICE (	JSE ONLY ·	
AGE	NAME	SEX (M OR F)	HAIR COLOR	HAIR L		BREED	FEE	COUNTY	MUNICIPAL#	
1							_			
2										
3										
4	•									
5 6										
7.										
8										
9.										