

HORRY COUNTY, SOUTH CAROLINA
PERSONAL PROPERTY RETURN [Form PR-26]
(See back of form for more information)

Horry County Auditor's Office
 1201 21st Avenue North
 Myrtle Beach SC 29577
 Telephone: (843) 444-6140

For property owned as of December 31, 2003
TAX YEAR 2004

District:	
Property Description:	
TMS #:	
Account #:	

This return is only for the personal property at the above location.

MUST INCLUDE ORIGINAL SIGNATURE AND BE POSTMARKED ON OR BEFORE APRIL 30TH TO AVOID 10% PENALTY. FAXED COPIES CANNOT BE ACCEPTED.

FOR ADDRESS CHANGES ONLY	
NAME:	BUSINESS NAME:
MAILING ADDRESS:	ADDRESS:
CITY/STATE/ZIP:	CITY/STATE/ZIP:

SECTION 1: FOR RESIDENTIAL-TYPE PROPERTIES ONLY
(houses, condos, townhouses, apartments, etc.)

Street address of property: _____

Status of any furnishings you own at this location: (check one)

Fully furnished___ Appliances only___ Totally unfurnished___

If "Appliances only", check all that apply:

Stove___ Fridge___ Washer___ Dryer___ Microwave___

1. Is this rental/leased property or available for rent/lease? Yes___ No___

Date property became available for rent/lease: _____

Rental Agent: _____

Telephone: _____

2. Is this income-producing property? Yes___ No___

3. Is this property depreciated on federal income tax? Yes___ No___

4. Is this property owned by a corporation? Yes___ No___

5. Was this your primary residence as of Dec. 31, 2003 Yes___ No___
 If "Yes", see #11 on reverse side.

IF ANY ANSWER TO QUESTIONS 1-4 IS "YES", CONTINUE TO SECTION 3. IF ALL ANSWERS TO QUESTIONS 1-4 ARE "NO", PLEASE PROCEED TO SECTION 4.

SECTION 2: FOR BUSINESSES ONLY
(hotel, motel, professional, service, etc.)

Street address of property: _____

Type of business activity: _____

Date business opened: _____

Please list any other name (corporate, D/B/A, etc.) under which you may have previously filed a personal property return.

Date business closed or sold: _____

PROCEED TO SECTIONS 3 & 4.

FOR OFFICE USE ONLY

AV: _____ Appr: _____ Date: _____

DOP: _____ PP: _____ BV: _____

DOS: _____ NOTICE: _____ SF FURN: _____

NOTE: _____

<u>SECTION 3: PERSONAL PROPERTY SUMMARY</u>	A	B	C	D	E
Please attach a copy of your latest federal depreciation schedule and Form 4562 to support your values in A through E. Values reported must include fair market value of any furniture/equipment acquired at the time the real estate was purchased plus any subsequent purchases of furniture/fixtures/appliances/equipment.	Original Cost/ Value at Acquisition	Accumulated Depreciation Since Acquisition	Net Book Value (A - B = C)	10% of All Assets Fully Depreciated	Net Taxable Value (C + D = E)
Furniture/Fixtures/Appliances/Equipment <i>(Do not include the value of real estate.)</i>					

SECTION 4: *Under penalty of law, I certify that this return, and any accompanying schedules and statements, is to the best of my knowledge a true and complete return made in good faith. SUBJECT TO 10% PENALTY WITHOUT SIGNATURE.*

OWNER'S SIGNATURE: _____ PRINT NAME: _____

DATE: _____ TELEPHONE #: _____ FAX #: _____