

**HORRY COUNTY, SOUTH CAROLINA
PERSONAL PROPERTY RETURN [Form PR-26]**

(See back of form for more instructions.)

TAX YEAR 2006

Based on status and ownership on December 31, 2005

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

Name & Mailing Address

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Please enter the following information from your tax notice.

Account #:	
Property Description/ Location:	
Real Estate MBP #:	
District:	

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

FOR ADDRESS CHANGES ONLY

NAME:	BUSINESS NAME:
MAILING ADDRESS:	ADDRESS:
CITY/STATE/ZIP:	CITY/STATE/ZIP:

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

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, 2005 Yes___ No___

If "Yes", see #12 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: _____ DOS: _____ SF Furn: _____

PP: _____ BV: _____ Notice #: _____

NOTE: _____

SECTION 3: PERSONAL PROPERTY SUMMARY

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.

	A	B	C	D	E
	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 #: _____ EMAIL: _____