

# Business Personal Property Rendition of Taxable Property

Form 50-144

**CONFIDENTIAL**

Tax Year \_\_\_\_\_

Appraisal District's Name \_\_\_\_\_

Appraisal District Account Number (if known) \_\_\_\_\_

**GENERAL INFORMATION:** This form is to render tangible personal property used for the production of income that you own or manage and control as a fiduciary on Jan. 1 of this year (Tax Code Section 22.01).

**FILING INSTRUCTIONS:** This document and all supporting documentation must be filed with the appraisal district office in the county in which the property is taxable.

**Do not file this document with the Texas Comptroller of Public Accounts.**

## SECTION 1: Business and Situs Information (Required)

Business Name \_\_\_\_\_

Business Owner \_\_\_\_\_

Property Location Address, City, State, ZIP Code \_\_\_\_\_

Email Address \_\_\_\_\_

Phone (area code and number) \_\_\_\_\_

Ownership Type (optional): ☐ Individual ☐ Corporation ☐ Partnership ☐ Other: \_\_\_\_\_

## SECTION 2: Representation

Please indicate if you are filing out this form as: ☐ Owner, employee, or employee of an affiliated entity of the owner ☐ Authorized Agent ☐ Fiduciary ☐ Secured Party

Name of Owner, Authorized Agent, Fiduciary or Secured Party \_\_\_\_\_

Mailing Address, City, State, ZIP Code \_\_\_\_\_

Phone (area code and number) \_\_\_\_\_

Are you a secured party with a security interest in the property subject to this rendition and with a historical cost new of more than \$50,000 as defined by Tax Code Section 22.01(c-1) and (c-2)? ..... ☐ Yes ☐ No

If yes, attach a document signed by the property owner indicating consent to file the rendition. Without the authorization, the rendition is not valid and cannot be processed.

## SECTION 3: Affirmation of Prior Year Rendition (Check only if applicable and your assets were exactly the same as last year's rendition form.)

☐ By checking this box, I affirm that the information contained in the most recent rendition statement filed in \_\_\_\_\_ continues to be complete and accurate for the current tax year.  
(Prior tax year)

## SECTION 4: Business Information (Optional)

Please address all that apply: Business type: ☐ Manufacturing ☐ Wholesale ☐ Retail ☐ Service ☐ New Business

Business Description \_\_\_\_\_

Square Feet Occupied \_\_\_\_\_

Business Sold Date \_\_\_\_\_

Business Start Date at Location \_\_\_\_\_

Sales Tax Permit Number \_\_\_\_\_

New Owner \_\_\_\_\_

Business Moved Date \_\_\_\_\_

New Location \_\_\_\_\_

City, State, ZIP Code \_\_\_\_\_

Business Closed Date \_\_\_\_\_

Did assets remain in place as of Jan. 1? ..... ☐ Yes ☐ No

## SECTION 5: Market Value

Check the total market value of your property: ☐ Under \$20,000 ☐ \$20,000 or more

If under \$20,000, complete only Schedule A and if applicable, Schedule F. Otherwise, complete Schedule(s) B, C, D, E and/or F, as applicable.

## SECTION 6: Affirmation and Signature

**If you make a false statement on this form, you could be found guilty of a Class A misdemeanor or a state jail felony under Penal Code Section 37.10.**

I, \_\_\_\_\_, swear or affirm that the information provided in this report is true and accurate to the best of my knowledge and belief; and that I am authorized as required by law to file and sign this report.  
Printed Name of Authorized Individual

**NOTE:** The signature on this report must be notarized **unless** the person filing the report is a secured party as defined by Tax Code Section 22.01, the property owner, an employee of the property owner, an employee of the property owner on behalf of an affiliated entity of the property owner or on behalf of a property owner who is rendering tangible personal property with a good faith estimate of not more than \$150,000 in total market value.

**sign  
here** ▶

Signature of Authorized Individual \_\_\_\_\_

Date \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Public, State of Texas \_\_\_\_\_

Did you timely apply for a Sept. 1 inventory date? (optional) ..... ☐ Yes ☐ No

Does your inventory involve interstate/foreign commerce issues? (optional) ..... ☐ Yes ☐ No

Does your inventory involve freeport goods? (optional) ..... ☐ Yes ☐ No

Account Number \_\_\_\_\_

**SCHEDULE A: PERSONAL PROPERTY VALUED LESS THAN \$20,000**

List all taxable personal property by property type/category (see Definitions and Important Information). If needed, attach additional sheets OR a computer-generated copy listing the information below. If you manage or control property as a fiduciary on Jan. 1, also list the names and addresses of each property owner. Good faith estimate of market value or historical cost when new is optional for Schedule A only.

General Property Description by Type/Category	Estimate of Quantity of Each Type	Good Faith Estimate of Market Value*	OR	Historical Cost When New*	AND	Year Acquired*	Property Owner Name/Address (if you manage or control property as a fiduciary)

**PERSONAL PROPERTY VALUED AT \$20,000 OR MORE****SCHEDULE B: INVENTORY, RAW MATERIALS AND WORK IN PROCESS**

List all taxable inventories by property type. If needed, attach additional sheets OR a computer-generated copy listing the information below. If you manage or control property as a fiduciary on Jan. 1, also list the names and addresses of each property owner.

Property Description by Type/Category	Property Address or Address Where Taxable	Estimate of Quantity of Each Type	Good Faith Estimate of Market Value*	OR	Historical Cost When New*	AND	Year Acquired*	Property Owner Name/Address (if you manage or control property as a fiduciary)

**SCHEDULE C: SUPPLIES**

List all supplies by property type. If needed, attach additional sheets OR a computer generated copy listing the information below. If you manage or control property as a fiduciary on Jan. 1, also list the names and addresses of each property owner.

Property Description by Type/Category	Property Address or Address Where Taxable	Estimate of Quantity of Each Type	Good Faith Estimate of Market Value*	OR	Historical Cost When New*	AND	Year Acquired*	Property Owner Name/Address (if you manage or control property as a fiduciary)

**SCHEDULE D: VEHICLES AND TRAILERS AND SPECIAL EQUIPMENT**

List only vehicles that are licensed in the name of the business as shown on Page 1. Vehicles disposed of after Jan. 1 are taxable for the year and must be listed below. If needed, attach additional sheets OR a computer generated listing of the information below. Report leased vehicles under Schedule F. Leased vehicles must be reported showing the name and address of the owner.

Year (optional)	Make (optional)	Model (optional)	Vehicle Identification Number (VIN) (optional)	Good Faith Estimate of Market Value*	OR	Historical Cost When New* (Omit Cents)	AND	Year Acquired*

\* Provide an amount for either the good faith estimate of market value, or a historical cost when new and year acquired. If you provided an historical cost when new and year acquired, you need not provide a good faith estimate of market value.

Account Number \_\_\_\_\_

**SCHEDULE E: FURNITURE, FIXTURES, MACHINERY, EQUIPMENT, COMPUTERS**

Total (by year acquired) all furniture, fixtures, machinery, equipment and computers (new or used) still in possession on Jan. 1. List items received as gifts in the same manner. Attach additional sheets OR a computer generated listing of the information below, as needed.

Furniture and Fixtures			Machinery and Equipment			Office Equipment		
Year Acquired	Historical Cost When New* (Omit Cents)	OR Good Faith Estimate of Market Value*	Year Acquired	Historical Cost When New* (Omit Cents)	OR Good Faith Estimate of Market Value*	Year Acquired	Historical Cost When New* (Omit Cents)	OR Good Faith Estimate of Market Value*
2024			2024			2024		
2023			2023			2023		
2022			2022			2022		
2021			2021			2021		
2020			2020			2020		
2019			2019			2019		
2018			2018			2018		
2017			2017			2017		
2016			2016			2016		
2015			2015			2015		
2014			2014			2014		
2013			2013			2013		
2012			2012			2012		
2011 & Prior			2011 & Prior			2011 & Prior		
TOTAL:			TOTAL:			TOTAL:		

Computer Equipment			POS/Servers/Mainframes			Other (any other items not listed in other schedules)		
Year Acquired	Historical Cost When New* (Omit Cents)	OR Good Faith Estimate of Market Value*	Year Acquired	Historical Cost When New* (Omit Cents)	OR Good Faith Estimate of Market Value*	Year Acquired	Description	Historical Cost When New* (Omit Cents) OR Good Faith Estimate of Market Value*
2024			2024			2024		
2023			2023			2023		
2022			2022			2022		
2021			2021			2021		
2020			2020			2020		
2019			2019			2019		
2018			2018			2018		
2017			2017			2017		
2016 & Prior			2016 & Prior			2016 & Prior		
TOTAL:			TOTAL:			TOTAL:		

**SCHEDULE F: PROPERTY UNDER BAILMENT, LEASE, CONSIGNMENT OR OTHER ARRANGEMENT**

List the name and address of each owner of taxable property that is in your possession or under your management on Jan. 1 by bailment, lease, consignment or other arrangement. If needed, attach additional sheets OR a computer-generated copy listing the information below.

Property Owner's Name	Property Owner's Address	General Property Description

\* Provide an amount for either the good faith estimate of market value, or a historical cost when new and year acquired. If you provided an historical cost when new and year acquired, you need not provide a good faith estimate of market value.