

Return to:
 Assessor, Pulaski County
 Attn: Business Personal Department
 201 South Broadway Street, Suite 320
 Little Rock, AR 72201
 Phone: 501-340-3366 Fax: 501-340-5688
 Internet: www.pulaskicountyassessor.net

PPAN: _____

Business Name: _____
 Local Address: _____
 Business Type: _____
 Contact Person: _____
 Phone: _____
 Fax: _____
 Email: _____
 Mailing Address: _____

School District: _____
 RE Parcel: (Optional) _____
 Optional NAICS #: _____

This form will be used by the Assessor in your county to determine the value of your business' personal property. An information sheet containing instructions on completion of this form and statutory provisions regarding the assessment of your business personal property is available on our website www.pultax.countyservice.net or contact the Pulaski County Business Personal office. Do not mark in any area labeled FOR ASSESSOR USE ONLY or shaded areas. Complete all sections pertinent to your business, SIGN AND RETURN THIS FORM TO THE ASSESSOR WITHIN 10 DAYS. FORMS RETURNED AFTER MAY 31 WILL BE DELINQUENT AND PENALIZED 10% OF THE TAX AMOUNT. Information reported on this form is required by Arkansas law and is subject to audit by the county assessor and/or the documentation for the content of this assessment.

FOR ASSESSOR USE ONLY		
Property Type	Market Value	Assessed Value
Inventory		
F F & E		
Vehicles		
Livestock		
Misc Equip		
Aircraft		

Valuation
 Late Penalty
 Total Assessed

VEHICLES: Please list below, or attach an itemized list, of the vehicles owned by your business. Vehicles or aircraft requiring proof of assessment for licensing should be listed below. Non-licensed vehicles may be listed below, in the miscellaneous section, or a separate list may be attached to this form.

Year	Manufacturer & Model	VIN / Tail #	Type	Cylinders	Wheel Drive	Assessed Value

I hereby swear or affirm that this is a true and complete list of all the personal property that, by law, I am required to list for taxation, and that the values rendered are true and accurate to the best of my knowledge.

Owner: _____

Date: _____

Sworn before and subscribed to before me this ____ day of ____

 Assessor, Deputy, or Notary