STC 12:31
(Rev. 2005)

STATE OF WEST VIRGINIA INDIVIDUAL PERSONAL PROPERTY AND REAL ESTATE REPORT

THE LAW PROVIDES THAT EVERY PERSON LIABLE TO TAXATION SHALL MAKE A REPORT OF THEIR PROPERTY, IN WRITING, TO THE ASSESSOR WHETHER CALLED UPON BY THE ASSESSOR OR NOT.
THIS REPORT SHOULD BE FILED AS SOON AS POSSIBLE AFTER JULY 1, BUT NOT LATER THAN THE FIRST DAY OF OCTOBER.

Schedule 4 **VEHICLES (PP16), BOATS, AIRCRAFT, ETC. (PP 13 or PP17)**

Vehicle identification numbers can be found on the registration card or on the vehicle dashboard below the windshield. Report only the vehicles, boats, aircraft, etc. you owned on July 1. All vehicles, boats, aircraft, etc, even those not licensed, must be reported.

Name of Owner on Registration Card	Make	Model	Year	Vehicle Identification Number	Owner's Value	Assessor's Value
				Total Value		

Schedule 5 **OTHER PERSONAL PROPERTY (PP13 or PP17)**

List all tangible personal property not listed previously on this form. The following items illustrate types of personal property to be listed. Boat trailers, motorized golf carts, mobile campers, truck mounted campers, motorcycles, motor scooters, utility trailers, recreational vehicles, all terrain vehicles (ATV's), travel trailers, snowmobiles, personal watercraft (jet skis), above ground swimming pools, satellite dish antennas, household goods leased out for gain.

Item	Model	Year	Size	Purchased		Owner's Value	Assessor's Value
				Year	Cost		

DOG TAX

Dogs (Number)	District or Town	Total

Sex: Male: ☐ Female: ☐ Age: _____

Color of Hair:

Character of Hair:

Breed:

SHEEP AND GOAT ASSESSMENT

Number of sheep and goats of breeding age owned.

Sheep _____ Goats _____

FOR ASSESSOR'S USE ONLY
DOGS

District	Paid	Unpaid
Municipal	Paid	Unpaid

FOR ASSESSOR'S USE ONLY
SHEEP AND GOATS

District	Paid	Unpaid

_____ _____
Deputy Date

TAXPAYER INFORMATION (PP11)

_____ _____
Account No. Year

County: _____

Taxing District: _____

_____
Taxpayer: (Last) (First) (Middle)

_____
Spouse: (Last) (First) (Middle)

Address: _____

_____

_____
(City/State) (Zip Code)

Phone No.: (___) _____

_____
Social Security Number

_____
Taxpayer's Signature Date

ASSESSOR'S USE ONLY

PERSONAL PROPERTY

Schedule 1 (Farm Machinery) ..... $ _____
Schedule 2 (Livestock) ..... $ _____
Schedule 3 (Farm Products) ..... $ _____
TOTAL CLASS 1 $ _____

Schedule 6 (Mobile Homes) ..... $ _____
Schedule 4 (Vehicles) ..... $ _____
Schedule 5 (Other P. P.) ..... $ _____
TOTAL CLASS 3 OR 4 $ _____

CLASS 2
Schedule 6 (Mobile Homes) ..... $ _____

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