



Purchasing Department

140 Stonewall Avenue West, Ste 204
Fayetteville, GA 30214
Phone: 770-305-5420
www.fayettecountyga.gov

September 22, 2021

Subject: Request for Quotes #1977-A: Annual Contract for Printing and Mailing of Tax Assessment Notices

Dear Sir or Madame:

Fayette County, Georgia is seeking quotes for printing and mailing of tax assessment notices, in accordance with the information and specifications contained herein.

Quotes will be accepted until 2:00pm, Wednesday, October 20, 2021. Please provide your quote and other information via email to Ted Crumbley, Buyer & Contract Coordinator, at tcrumbley@fayettecountyga.gov or fax to (770) 719-5509.

Address any question(s) you may have about this request for quotes to Ted Crumbley via email or fax as listed above. Questions will be accepted until 2:00p.m., Wednesday, October 13, 2021.

Sincerely,

Ted L. Burgess
Director of Purchasing

TLB/tc

GENERAL TERMS AND CONDITIONS

RFQ #1977-A: ANNUAL CONTRACT FOR PRINTING AND MAILING OF TAX ASSESSMENT NOTICES

1. **Definitions:** The term “contractor” as used herein and elsewhere in these specifications shall be used synonymously with the term “successful responder.” The term “county” shall mean Fayette County, Georgia.
2. **Quote is Offer to Contract:** Each quote constitutes an offer to become legally bound to a contract with the county, incorporating the request for quote and the responder’s quote. The binding offer includes compliance with all terms, conditions, special conditions, specifications, and requirements stated in the request for quote, except to the extent that a responder takes written exception to such provisions. All such terms, conditions, special conditions, specifications, and requirements will form the basis of the contract. The responder should take care to answer all questions and provide all requested information, and to note any exceptions in the quote submission. Failure to observe any of the instructions or conditions in this request for quote may result in rejection of the quote.
3. **Binding Offer:** Each quote shall constitute a firm offer that is binding for ninety (90) days from the received by date, unless the responder takes exception to this provision in writing.
4. **References:** Include with your quote a list of three (3) jobs that your company has done that are of the same or similar nature to the work described in this request for quote, on the form provided. Include all information as requested on the form.
5. **Preparation Costs:** The responder shall bear all costs associated with preparing the quote.
6. **More Than One Quote:** Do not submit alternate quotes or options, unless requested or authorized by the county in the request for quote. If a responder submits more than one quote without being requested or authorized to do so, the county may disqualify the quotes from that responder, at the county’s option.
7. **Defects or Irregularities:** The county reserves the right to waive any defect or irregularity in any quote received. In case of an error in extension of prices or totals in the quote, the unit prices shall govern.
8. **Quantities are Estimates:** Quantities listed herein are estimates for the period specified. This will be an indefinite-quantity type contract, with county requirements fulfilled on an “as ordered” basis. No guarantee to purchase the amounts shown is intended or implied. The county reserves the right to order larger or smaller quantities at the prices stated in the quote.
9. **Prices Held Firm:** Prices quoted shall be firm for the period of the contract, unless otherwise specified in the quote. All prices for commodities, supplies, equipment, or other products shall be quoted FOB Destination, Fayette County or job site.

10. **Responder Substitutions:** Responders offering substitutions or deviations from specifications stated in the RFQ, shall list such substitutions or deviations on the "Exceptions to Specifications" sheet provided, or on a separate sheet to be submitted with the quote. The absence of such list shall indicate that the responder has taken no exception to the specifications. The evaluation of quotes and the determination as to equality and acceptability of products or services offered shall be the responsibility of the county.
11. **Non-Collusion:** By responding to this request for quote, the responder represents that the quote is not made in connection with any competing responder, supplier, or service provider submitting a separate response to this request for quote, and is in all respects fair and without collusion or fraud.
12. **Evaluation:** Award will be made to the lowest responsive, responsible responder, taking into consideration payment terms, vendor qualifications and experience, quality, references, any exceptions listed, and/or other factors deemed relevant in making the award. The county may make such investigation as it deems necessary to determine the ability of the responder to perform, and the contractor shall furnish to the county all information and data for this purpose as the county may request. The county reserves the right to reject any item, any quote, or all quotes, and to re-solicit for pricing.
13. **Ethics – Disclosure of Relationships:** Before a proposed contract in excess of \$10,000.00 is recommended for award to the Board of Commissioners or the County Administrator, or before the County renews, extends, or otherwise modifies a contract after it has been awarded, the contractor must disclose certain relationships with any County Commissioner or County Official, or their spouse, mother, father, grandparent, brother, sister, son or daughter related by blood, adoption, or marriage (including in-laws). A relationship that must be reported exists if any of these individuals is a director, officer, partner, or employee, or has a substantial financial interest in the business, as described in Fayette County Ordinance Chapter 2, Article IV, Division 3 (Code of Ethics).

If such relationship exists between your company and any individual mentioned above, relevant information must be presented in the form of a written letter to the Director of Purchasing. You must include the letter with any bid, proposal, or price quote you submit to the Purchasing Department.

In the event that a contractor fails to comply with this requirement, the County will take action as appropriate to the situation, which may include actions up to and including rejection of the bid or offer, cancellation of the contract in question, or debarment or suspension from award of a County contract for a period of up to three years.

14. **Payment Terms and Discounts:** The County's standard payment terms are Net 30. Any deviation from standard payment terms must be specified in the resulting contract, and both parties must agree on such deviation. Cash discounts offered will be a consideration in awarding the quote, but only if they give the county at least 15 days from receipt of invoice to pay. For taking discounts, time will be computed from the date of invoice acceptance by the County, or the date a correct

invoice is received, whichever is the later date. Payment is deemed made, for the purpose of earning the discount, on the date of the check.

15. **Contract Execution & Notice to Proceed:** After an award is made, and all required documents are received by the county, and the contract is fully executed with signature of both parties, the county will issue a written Notice to Proceed. The county shall not be liable for payment of any work done or any costs incurred by any responder prior to the county issuing the Notice to Proceed.
16. **Term of Contract:** The term of this agreement shall begin on the date of a Notice to Proceed, and continue for a period through June 30, 2022. Thereafter, this agreement may be renewed by the county for two additional one-year renewal terms (each a "Renewal Term" and together with the Initial Term, the "Term), which renewal will be by letter or other written correspondence from the county to the contractor ninety (90) days prior to expiration of the Initial Term or the then-current Renewal Term. If the county fails to provide notice of renewal, this Agreement will terminate at the end of the Initial Term or the then-current Renewal Term. This agreement is subject to the multi-year contractual provisions of O.C.G.A. 36-60-13(a).
17. **Unavailability of Funds:** This contract will terminate immediately and absolutely at such time as appropriated and otherwise unobligated funds are no longer available to satisfy the obligations of the county under the contract.
18. **Unauthorized Performance:** The County will not compensate the contractor for work performed unless the work is authorized under the contract, as initially executed or as amended.
19. **Assignment of Contract:** Assignment of any contract resulting from this request for quote will not be authorized, except with express written authorization from the County.
20. **Indemnification:** The contractor shall indemnify and save the county and all its officers, agents and employees harmless from all suits, actions, or other claims of any character, name and description brought for or on account of any damages, losses, or expenses to the extent caused by or resulting from the negligence, recklessness, or intentionally wrongful conduct of the contractor or other persons employed or utilized by the contractor in the performance of the contract. The contractor shall pay any judgment with cost which may be obtained against the county growing out of such damages, losses, or expenses.
21. **Severability:** The invalidity of one or more of the phrases, sentences, clauses or sections contained in the contract shall not affect the validity of the remaining portion of the contract. If any provision of the contract is held to be unenforceable, then both parties shall be relieved of all obligations arising under such provision to the extent that the provision is unenforceable. In such case, the contract shall be deemed

amended to the extent necessary to make it enforceable while preserving its intent.

22. **Delivery Failures:** If the contractor fails to deliver contracted goods or services within the time specified in the contract, or fails to replace rejected items in a timely manner, the County shall have authority to make open-market purchases of comparable goods or services. The county shall have the right to invoice the contractor for any excess expenses incurred, or deduct such amount from monies owed the contractor. Such purchases shall be deducted from contracted quantities.
23. **Inspection and Acceptance of Deliveries:** The county reserves the right to inspect all goods and products delivered. The county will decide whether to accept or reject items delivered. The inspection shall be conclusive except with respect to latent defects, fraud, or such gross mistakes as shall amount to fraud. Final inspection resulting in acceptance or rejection of the products will be made as soon as practicable, but failure to inspect shall not be construed as a waiver by the county to claim reimbursement or damages for such products which are later found to be in non-conformance with specifications. Should public necessity demand it, the county reserves the right to use or consume articles delivered which are substandard in quality, subject to an adjustment in price to be determined by the Purchasing Director.
24. **Termination for Cause:** The County may terminate the contract for cause by sending written notice to the contractor of the contractor's default in the performance of any term of this agreement. Termination shall be without prejudice to any of the county's rights or remedies by law.
25. **Termination for Convenience:** The County may terminate the contract for its convenience at any time with 10 days' written notice to the contractor. In the event of termination for convenience, the county will pay the contractor for services performed. The county will compensate partially completed performance based upon a signed statement of completion.
26. **Force Majeure:** Neither party shall be deemed to be in breach of the contract to the extent that performance of its obligations is delayed, restricted, or prevented by reason of any act of God, natural disaster, act of government, or any other act or condition beyond the reasonable control of the party in question.
27. **Governing Law:** This agreement shall be governed in accordance with the laws of the State of Georgia. The parties agree to submit to the jurisdiction in Georgia, and further agree that any cause of action arising under this agreement shall be required to be brought in proper venue in Fayette County, Georgia.

SPECIFICATIONS

Official Tax Matter – Assessment Notice (Conservation Use, Personal and Real):

Assessment Notices are typically mailed around the First Week of May Each Year.

Assessment Notices are to be printed and mailed within 5 business days of approval of proofs.

Each form shall contain:

- Fayette County Board of Assessors Address and Telephone Number
 - Owner(s) Name and Complete Address
 - Date Notice is being mailed
 - Last Date to File Appeal in **bold**
 - Text for information for property record cards and web address (see attached example)
 - OFFICIAL TAX MATTER – Tax Year ASSESSMENT in **bold**
 - Text as specified by law – which includes the basis for notice, right to appeal, appeal options (includes website for Georgia Department of Revenue – see attached example)
 - Filing appeal information (includes website address, specific contact information – see attached example)
 - Property ID Number (Map Number for Conservation and Real; Account Number for Personal)
 - Acreage (if any)
 - Tax District
 - Covenant Year (if any)
 - Homestead (if any)
 - Property Description
 - Property Address
 - Values (see attached for examples):
 - Fair Market Value 100% (Return Value (if any) / Previous Year Value / Current Year Value / Other Value (if any))
 - Conservation Use Value 100% ((Return Value (if any) / Previous Year Value / Current Year Value / Other Value –(if under covenant))
 - Assessed Value (40%) - (Return Value (if any) / Previous Year Value / Current Year Value / Other Value (if any))
 - Reason(s) for Notice
 - Estimate of ad valorem tax bill – total county tax due in **bold**
 - 20lb Paper
 - **AS PER THE ATTACHED SAMPLE – SEE EXHIBIT A (Fayette County Assessment Notices are all one-sided and will be sent over as .pdf files; there will be up to 5 separate files)**
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Official Tax Matter – Tangible Personal Property Tax Return and Supporting Schedules

“To Be Printed and Mailed no later than the First Business Day of January Each Year”

Business Personal Property Tax Return – Form: PT-50P

The following specified pages should be completed with the following information as designated below in each numbered section.

a) Mailer Page

- 1) From:
Fayette County Board of Tax Assessors
140 Stonewall Ave. West Ste 108
Fayetteville, GA 30214
- 2) To:
Owner name and mailing address in **bold**

b) Page 1

- 1) County Name and Return Address:
Fayette County Board of Tax Assessors
140 Stonewall Ave. West Ste 108
Fayetteville, GA 30214
- 2) Tax Year:
2022
- 3) If assistance needed call:
770-305-5271
- 4) Account Number:
(Six digit Account Number Ex. P2002-1111)
- 5) Due Date
(04/01/2022)
- 6) Map and Parcel I.D NO.
(Tax District Name)
- 7) NAICS NO.
(Business Type)
- 8) Taxpayer Name And Address:
(Owner name and mailing address)
- 9) Business Physical Location
(Business site address)

c) Page 3 - Business Personal Property - Schedule A

- 1) County Name and Return Address:
Fayette County Board of Tax Assessors
140 Stonewall Ave. West Ste 108

- Fayetteville, GA 30214
- 2) Tax Year:
2022
 - 3) If assistance needed call:
770-305-5271
 - 4) Account Number
(Six-digit Account Number Ex. P2002-1111)
 - 5) Due Date
(04/01/2022)
 - 6) Map and Parcel I.D. No.
(Tax District Name)
 - 7) NAICS NO.
(Business Type)
 - 8) Taxpayer Name and Address
(Owner name and mailing address)
 - 9) Business Physical Location
(Business site address)
 - 10) Year Acquired Column with Tax Years in **bold**
 - 11) Previously Reported Original Cost New Column with values in **bold**
 - 12) Comp. Conv. Factor Column with Factors in **bold**
 - 13) 24lb Paper
 - 14) **AS PER THE ATTACHED SAMPLE EXHIBIT B**
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Official Tax Matter – Application For Freeport Exemption Inventory

“To Be Printed and Mailed no later than the First Business Day of January Each Year”

Application For Freeport Exemption Inventory: PT-50PF

The following specified pages should be completed with the following information as designated below in each numbered section.

- a) **Mailer Page**
 - 1) From:
Fayette County Board of Tax Assessors
140 Stonewall Ave. West Ste 108
Fayetteville, GA 30214
 - 2) To:
Owner name and mailing address in **bold**
- d) **Page 1**
 - 1) County Name and Return Address:
Fayette County Board of Tax Assessors
140 Stonewall Ave. West Ste 108
Fayetteville, GA 30214

- 2) Tax Year:
2022
 - 3) If assistance needed call:
770-305-5370
 - 4) Account Number:
(Six-digit Account Number Ex. P2002-1111)
 - 5) Due Date
(04/01/2022)
 - 5) Map and Parcel I.D NO.
(Tax District Name)
 - 6) NAICS NO.
(Business Type)
 - 7) Taxpayer Name and Address:
(Owner name and mailing address)
 - 8) Business Physical Location
(Business site address)
 - 9) 24lb Paper
 - 10) **AS PER THE ATTACHED SAMPLE EXHIBIT C**
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Official Tax Matter – Marine Personal Property Tax Return and Schedules

“To Be Printed and Mailed no later than the First Business Day of January Each Year”

Marine Personal Property Tax Return Form: PT-50M

The following specified pages should be completed with the following information as designated below in each numbered section.

a) **Mailer Page**

- 1) From:
Fayette County Board of Tax Assessors
140 Stonewall Ave. West Ste 108
Fayetteville, GA 30214
- 2) To:
Owner name and mailing address in **bold**

b) **Page 1**

- 1) County Name and Return Address:
Fayette County Board of Tax Assessors
140 Stonewall Ave. West Ste 108
Fayetteville, GA 30214
- 2) Tax Year:

- 2022
- 3) If assistance needed call:
770-305-5274
 - 4) Account Number
(Six-digit Account Number Ex. B2002-1111)
 - 5) Due Date
(04/01/2022)
 - 6) Taxpayer Name and Address:
(Owner name and mailing address)
 - 7) Personal Property Strata
Boat and Motor Number 1-5:
(Appropriate GA. Registration number should print from page 3) in **bold**

c) **Page 3 – Marine Schedule D**

- 1) County Name and address:
Fayette County Board of Tax Assessors
140 Stonewall Ave. West Ste 108
Fayetteville, GA 30214
- 2) Tax Year:
2022
- 3) If assistance needed call:
770-305-5274
- 4) Account Number:
(Six digit Account Number Ex. B2002-1111)
- 5) Due Date
(04/01/2022)
- 6) Taxpayer Name And Address:
(Owner name and mailing address)
- 7) GA. Registration No. Boat #1-2 **(Items 7-13 in bold)**
- 8) MFG. Name
- 9) Model Name or#
- 10) Year Built
- 11) Length
- 12) Hull Material
- 13) Date Purchased
- 14) 24lb Paper

d) **Page 4 – Marine Schedule D**

- 1) GA. Registration No. Boat #3-5 **(Items 1-7 in bold)**
 - 2) MFG. Name
 - 3) Model Name or#
 - 4) Year Built
 - 5) Length
 - 6) Hull Material
 - 7) Date Purchased
 - 8) 24lb Paper
 - 9) **AS PER THE ATTACHED SAMPLE EXHIBIT D**
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Official Tax Matter – Aircraft Personal Property Tax Return and Schedules

“To Be Printed and Mailed no later than the First Business Day of January Each Year”

Aircraft Personal Property Tax Return – Form: PT-50A

The following specified pages should be completed with the following information as designated below in each numbered section.

a) Mailer Page

- 1) From:
Fayette County Board of Tax Assessors
140 Stonewall Ave. West Ste 108
Fayetteville, GA 30214
- 2) To:
Owner name and mailing address in **bold**

b) Page 1

- 1) County Name and Return Address:
Fayette County Board of Tax Assessors
140 Stonewall Ave. West Ste 108
Fayetteville, GA 30214
- 2) Tax Year:
2022
- 3) If assistance needed call:
770-305-5274
- 4) Account Number:
(Six-digit Account Number Ex. A2002-1111)
- 5) Due Date
(04/01/2022)
- 6) Taxpayer Name and Address:
(Owner name and mailing address)
- 7) Personal Property Strata
Aircraft Number 1-5:
(Appropriate N# should print from page (3) in **bold**)

c) Page 3 – Aircraft Schedule E

- 1) County Name and address:
Fayette County Board of Tax Assessors
140 Stonewall Ave. West Ste 108
Fayetteville, GA 30214
- 2) Tax Year:
2022
- 3) If assistance needed call:
770-305-5274
- 4) Account Number

- (Six-digit Account Number Ex. A2002-1111)
- 5) Due Date
(04/01/2022)
 - 6) Taxpayer Name and Address
(Owner name and mailing address)
 - 7) Registration "N" # Aircraft 1-2 (**Items 7-12 in bold**)
 - 8) MFG. Name
 - 9) Model Name or #
 - 10) Year Built
 - 11) Serial Number
 - 12) Date Purchased
 - 13) 24lb Paper

d) **Page 4 – Aircraft Schedule E**

- 1) Registration "N" # Aircraft 3-5 (**Items 1-7 in bold**)
- 2) MFG. Name
- 3) Model Name or #
- 4) Year Built
- 5) Serial Number
- 6) Date Purchased
- 7) 24lb Paper
- 8) **AS PER THE ATTACHED SAMPLE EXHIBIT E**

- ❖ **THE FORMS SHALL BE PRINTED EXACTLY LIKE THE SAMPLES PROVIDED, THIS INCLUDES: COLORS, GRIDLINES, STATE OF GEORGIA EMBLEM, TYPE OF FORM, ETC. (THERE ARE NO PERFORATIONS ON ANY OF THE FORMS)**
- ❖ **PERSONAL PROPERTY TAX RETURNS SHALL BE PRINTED FRONT AND BACK (RED AND BLACK INK – (BLUE INK IN SAMPLE CAN BE BLACK AND YELLOW HIGHLIGHTS ARE NOT A REQUIREMENT). WITH THE EXCEPTION OF THE MAILER PAGE FOR THE AIRCRAFT, FREEPORT APPLICATION AND MARINE RETURN FORMS. THE MAILER PAGE FOR THESE FORMS SHALL BE PRINTED AS A SINGLE PIECE.**
- ❖ **INCLUDE IN PRICING THE COST TO PROVIDE THE TAX ASSESSOR'S OFFICE WITH A NATIONAL CHANGE OF ADDRESS (NCOA) REPORT 2 TO 3 MONTHS PRIOR TO MAILING SO THAT THERE CAN BE A PREEMPTIVE CLEANUP OF BAD ADDRESSES PERFORMED BY TAX ASSESSOR'S STAFF. TAX ASSESSORS WILL PROVIDE AN EXCEL SPREADSHEET WITH CURRENT ADDRESSES FROM THE SYSTEM WHICH WILL CONTAIN PARCEL NUMBERS, OWNER NAMES AND ADDRESSES IN ORDER FOR SUCCESSFUL BIDDER TO GENERATE THE NCOA REPORT.**
- ❖ **POSTAGE COSTS ARE INCLUDED IN A SEPARATE LINE ITEM. (POSTAGE EXPENSES CAN BE PREPAID)**
- ❖ **REAL PROPERTY ASSESSMENT NOTICES AND PERSONAL PROPERTY ASSESSMENT NOTICES MAY BE SENT OVER AT THE SAME TIME, PERSONAL PROPERTY ASSESSMENT NOTICES USUALLY LAG A FEW WEEKS TO A MONTH BEHIND REAL PROPERTY ASSESSMENT NOTICES. REGARDLESS, THEY WILL BE SENT OVER AS SEPARATE FILES.**

- ❖ REAL PROPERTY ASSESSMENT NOTICE FILES WILL BE SENT OVER AT THE SAME TIME AND BROKEN DOWN INTO 5 OR 6 SEPARATE FILES.
- ❖ ALL PERSONAL PROPERTY ASSESSMENT NOTICE FILES WILL BE SENT OVER AT THE SAME TIME AND BROKEN DOWN INTO 1 OR 2 FILES.
- ❖ COMBINING OWNERS WITH MULTIPLE PROPERTIES IS ACCEPTABLE.
- ❖ ADDING BAR CODES TO ADDRESSES IS ACCEPTABLE.
- ❖ YOU SHALL NOT REDESIGN, MOVE DATA TO CLEAR THE CLEAR ZONE OR SHRINK THE SIZE OF THE DATA TO ACCOMMODATE THE CLEAR ZONE. ANY REQUESTED CHANGES OR MODIFICATIONS TO COMPLY WITH USPS GUIDELINES MUST BE APPROVED BY THE COUNTY.
- ❖ #10 ENVELOPES SHALL BE USED FOR ASSESSMENT NOTICES, **6 X 9 WINDOW ENVELOPES SHALL BE USED FOR ALL PERSONAL PROPERTY RETURN FORMS. ENVELOPE SIZES MAY NOT BE CHANGED. SHOULD CONTRACTOR REQUEST THE USE OF CUSTOM ENVELOPES, IT WILL BE AT THE EXPENSE OF THE CONTRACTOR.**
- ❖ DOUBLE WINDOW ENVELOPES MAY BE USED. HOWEVER, THE PHRASE “**OFFICIAL TAX MATTER**” SHALL BE PRINTED ON THE FRONT OF THE ENVELOPES.
- ❖ NO RETURN ENVELOPES SHALL BE INCLUDED WITH THE ASSESSMENT NOTICES, PERSONAL PROPERTY RETURN FORMS OR FREEPORT EXEMPTION FORMS.
- ❖ ONLY THE PERSONAL PROPERTY RETURN FORMS CAN BE PROVIDED ELECTRONICALLY (FLAT FILE) TO THE SUCCESSFUL BIDDER. NO ELECTRONIC FORMATS ARE AVAILABLE FOR THE ASSESSMENT NOTICES (.PDF ONLY).
- ❖ DATES FOR TEST FILES SHALL BE COORDINATED BETWEEN THE SUCCESSFUL BIDDER AND FAYETTE COUNTY.
- ❖ LIVE PERSONAL PROPERTY DATA FOR TAX RETURNS AND FREEPORT APPLICATIONS WILL BE SUBMITTED TO THE SUCCESSFUL BIDDER ELECTRONICALLY IN ‘FLAT FILES’ (aka, Delimited Text files) VIA CD OR FTP UPLOAD. ASSESSMENT NOTICE DATA WILL BE SUBMITTED TO THE SUCCESSFUL BIDDER ELECTRONICALLY IN ‘PDF DOCUMENT’ VIA CD OR FTP UPLOAD.
- ❖ THE SUCCESSFUL BIDDER SHALL SUPPLY ELECTRONIC COPIES OF FINAL PRINTED PERSONAL PROPERTY RETURN PROOFS AT TIME OF MAILING.
- ❖ A SAMPLE OF EACH FORM SHALL BE SUBMITTED WITH YOUR BID (SIMILAR SAMPLES ARE PERMITTED).
- ❖ INCLUDE WITH YOUR BID A LIST OF THREE (3) JOBS THAT YOUR COMPANY HAS DONE THAT IS OF THE SAME OR SIMILAR NATURE TO THE WORK DESCRIBED HEREIN. FOR EACH JOB LISTED INCLUDE A BRIEF DESCRIPTION OF THE WORK, A CONTACT PERSON, MAILING ADDRESS, PHONE NUMBER AND THE DATE JOB WAS COMPLETED USING FORM PROVIDED

- ❖ THERE IS A MINIMUM TURN AROUND TIME FROM RECEIPT OF FILES AND DATE OF PRINTING AND MAILING OF USUALLY NO LESS THAN ONE WEEK AND NO MORE THAN **7 TO 10 WORKING DAYS**. TIME PARAMETERS INCLUDE SET UP AND THE REVIEW OF PROOFS.
- ❖ CONTRACTOR SHALL PROVIDE A DIGITAL COPY OF ALL ASSESSMENT NOTICES (REAL AND PERSONAL) AS MAILED.
- ❖ CONTRACTOR SHALL PROVIDE A DIGITAL COPY OF ALL PERSONAL PROPERTY RETURNS AND FREEPORT APPLICATIONS AS MAILED

EXHIBIT A

ANNUAL NOTICE OF ASSESSMENT

ANNUAL NOTICE OF ASSESSMENT

PT-306 (revised Jan 2016)

Fayette County Board of Assessors

140 Stonewall Ave West, Suite 108
Fayetteville, GA 30214
(770)305-5402

Official Tax Matter - 2019 Tax Year

This correspondence constitutes an official notice of ad valorem assessment for the tax year shown above.

Annual Assessment Notice Date: **05/07/2019**

Last date to file a written appeal: **06/21/2019**

BECK JACQUELYN WINDHAM
173 RIVERS RD
FAYETTEVILLE GA 30214

This is not a tax bill - Do not send payment

County property records are available online at:
maps.fayettecountyga.gov

The amount of your ad valorem tax bill for the year shown above will be based on the Appraised (100%) and Assessed (40%) values specified in BOX 'B' of this notice. You have the right to submit an appeal regarding this assessment to the County Board of Tax Assessors. If you wish to file an appeal, you must do so in writing no later than 45 days after the date of this notice. If you do not file an appeal by this date, your right to file an appeal will be lost. Appeal forms which may be used are available at <http://dor.georgia.gov/documents/property-tax-appeal-assessment-form>.

At the time of filing your appeal you must select one of the following appeal methods:

- (1) County Board of Equalization (value, uniformity, denial of exemption, or taxability)
- (2) Arbitration (value)
- (3) County Hearing Officer (value or uniformity, on non-homestead real property or wireless personal property valued, in excess of \$750,000)

All documents and records used to determine the current value are available upon request. For further information regarding this assessment and filing an appeal, you may contact the county Board of Tax Assessors which is located at 140 Stonewall Ave West, Suite 108 Fayetteville, GA 30214 and which may be contacted by telephone at: (770)305-5402. Your staff contact is Denise West.

Additional information on the appeal process may be obtained at <http://dor.georgia.gov/property-tax-real-and-personal-property>

Account Number	Property ID Number	Acreage	Tax Dist	Covenant Year	Homestead
	09-01 -001	2	01 Unincorporated		NO
Property Description	VA - Vacant NBHD - 09A09500				
Property Address	HWY 92 N				
	Taxpayer Returned Value	Previous Year Fair Market Value	Current Year Fair Market Value	Current Year Other Value	
100% <u>Appraised</u> Value		19,730	22,360		
40% <u>Assessed</u> Value		7,892	8,944		
Reasons for Assessment Notice					
Revaluation of Property					

The estimate of your ad valorem tax bill for the current year is based on the previous or most applicable year's net millage rate and the fair market value contained in this notice. The actual tax bill you receive may be more or less than this estimate. This estimate may not include all eligible exemptions.

Taxing Authority	Other Exempt	Homestead Exempt	Net Taxable Value	Previous Millage	Estimated Tax
Fayette Oper			8,944	.004392	39.28
BOE Oper			8,944	.019500	174.41
BOE Bond			8,944	.001350	12.07
Fire Oper			8,944	.003070	27.46
EMS Oper			8,944	.000456	4.08
E911 Services			8,944	.000210	1.88
Total County Tax					259.18
Georgia Oper			8,944	.000000	.00
Total Estimated Tax					259.18

EXHIBIT B

**BUSINESS PERSONAL PROPERTY TAX RETURN
FORM:PT-50P**

↓ FROM ↓

FAYETTE COUNTY BOARD OF TAX ASSESSORS
140 STONEWALL AVE WEST
STE 108
FAYETTEVILLE, GA 30214

↓ MAIL TO ↓

OFFICIAL TAX MATTER

TANGIBLE PERSONAL PROPERTY TAX RETURN AND SUPPORTING SCHEDULES



INSTRUCTION SHEET

INSTRUCTIONS FOR PAGE ONE - BUSINESS PERSONAL PROPERTY TAX RETURN

1. If taxpayer name or address has changed or is incorrect, provide correct name and address in the space provided.
2. To avoid a 10% penalty on assets that have not been previously returned, this return must be filed no later than date listed under the due date column on page one.
3. Taxpayer return value: Georgia Law (O.C.G.A. § 48-5-6) requires the taxpayer to return property at its fair market value. If the values indicated from Schedules A, B, or C do not in your opinion reflect fair market value, you may list your opinion here. Attachments must be provided by you listing the reasons for change.
4. Value from Schedule A, B, & C: Schedules A, B, & C should be completed and the total values from these schedules should be listed in this column.
5. Taxpayers Declaration: This declaration must be signed by the taxpayer or agent and dated in order for this to be a valid return.

INSTRUCTIONS FOR PAGE TWO - GENERAL INFORMATION AND IMPORTANT INFORMATION

1. The information requested in the general information section is very important. This area should be completed in detail. The information in this section is open for public inspection.
2. The information found in the reference information section may be of great interest to the taxpayer. This section contains information about various laws and exemptions that may be available to the taxpayer.

INSTRUCTIONS FOR PAGE THREE - SCHEDULE A - FURNITURE / FIXTURES / MACHINERY / EQUIPMENT

1. This section provides for the uniform calculation of value for all assets of the business owned on January 1 of this year. Expensed assets as well as capitalized assets should be listed and valued using indicated schedule. Leasehold improvements personal property in nature and trade fixtures should also be reported on this schedule. Leasehold improvements such as walls, doors, floor covering, electrical, plumbing, heating and air distribution systems, ceiling and lighting that are attached to and form an integral part of the building should not be reported as personal property.
2. The indicated basic cost approach value of assets for tax purposes is computed by multiplying the total adjusted original cost new by the composite conversion factor of each year's acquisition listed in the appropriate economic life group. Cost amounts are subject to audit. Cost should include installation, trade-in allowances, sales tax, investment credits, transportation, etc.
3. Internal Revenue Service Publication 946 "How to Depreciate Property" Appendix B - Table of Class Lives and Recovery Periods - column headed "Class Life in Years", should be used for determining the economic life group of an asset for Ad Valorem Tax purposes. See examples of economic life groups listed below. ACRS and MACRS should not be used for determining the economic life of an asset for Ad Valorem Tax purposes.
4. Deduct cost of items disposed of or transferred out from the cost of assets acquired during the corresponding year; add cost of items transferred in. (Disposals include only those items which have been sold, junked, transferred or otherwise no longer located at the business on January 1, this year). List disposals and items transferred in or out and reasons for disposals or transfer on page 4 under sections three or four.
5. A copy of the most current asset listing indicating the date of acquisition, original cost, and description of each asset should be submitted with this schedule. If an asset listing is not available please submit a copy of your most current I.R.S. form 4562 Depreciation Schedule and all supplemental schedules utilized to develop depreciation deduction for A.C.R.S. assets and assets listed under the column headed "Other Depreciation" as well as supplemental depreciation schedule used for M.A.C.R.S. assets. This information is needed for verification purposes and is not available for public inspection (O.C.G.A. § 48-5-314).

DEPRECIATION GROUPING EXAMPLES

GROUP 1: ECONOMIC LIFE OF 5-7 YEARS	GROUP 2: ECONOMIC LIFE OF 8-12 YEARS	GROUP 3: ECONOMIC LIFE OF 13 YEARS OR MORE	GROUP 4: ECONOMIC LIFE OF 1-4 YEARS ALSO ASSET CLASS 00.12 IRS PUBLICATION 946
1) Copiers, Duplicating Equip., Typewriters 2) Calculators, Adding and Accounting Machines 3) Electronic Instrumentation Mfg. 4) Construction Equipment 5) Timber Cutting Equipment 6) Mfg. of Electronic Components & Products 7) Radio and T.V. Broadcasting Equipment 8) Drilling of Oil and Gas Wells 9) Temporary Sawmills 10) Any Semiconductor Mfg. Equipment 11) Telegraph and Satellite Communications 12) Vending Equipment, Coin Operated 13) Rental Appliances and Televisions 14) Hand Tools 15) Nuclear Fuel Assemblies 16) Fishing Equipment 17) Cattle, Breeding, or Dairy Equipment	1) Office Furniture, Fixtures and Equipment 2) Agriculture Machinery and Equipment 3) Recreation or Entertainment Services 4) Mining and Quarrying 5) Mfg. of Textile Products 6) Mfg. of Wood Products and Furniture 7) Permanent Sawmills 8) Mfg. of Chemicals and Allied Products 9) Mfg. of finished Plastics Products 10) Mfg. of Leather and Leather Products 11) Mfg. of Electrical and Non-electrical Machinery 12) Mfg. of Athletic, Jewelry and Other Goods 13) Retail Trades Furniture, Fixtures and Equipment 14) Restaurant and Bar Equipment 15) Hotel and Motel Furnishing and Equipment 16) Automobile Repair and Shop Equipment 17) Personal and Professional Services	1) Petroleum Refining Equipment 2) Grain and Grain Mill Products (Mfg.) 3) Mfg. of Sugar and Sugar Products 4) Mfg. of Vegetable Oils and Products 5) Mfg. of Tobacco and Tobacco Products 6) Mfg. of Pulp and Paper 7) Mfg. of Rubber Products 8) Mfg. of Cement 9) Mfg. of Stone and Clay Products 10) Mfg. of Primary Nonferrous Metals 11) Mfg. of Foundry Products 12) Mfg. of Primary Steel Mill Products 13) Tanks and Storage 14) Billboards/Signs 15) Radio/T.V. Antennas and Towers 16) Cold Storage and Ice Making Equipment 17) Mfg. of Glass Products	1) Computers - Non Production 2) Peripheral Computer Equipment 3) Jigs, Dies, Molds, Patterns 4) Special Tools and Gauges 5) Returnable Containers 6) Special Transfer and Shipping Devices 7) Pallets 8) Rental Movies 9) Card Readers 10) High Speed Printers 11) Data Entry Devices 12) Teleprinters 13) Plotters 14) Terminals, Tape Drives, Disc Drives 15) Magnetic Tape Feeds 16) Optical Character Readers

INSTRUCTIONS FOR PAGE FOUR - BUSINESS PERSONAL PROPERTY SCHEDULE B - INVENTORY

1. Inventory should be reported at 100% cost on January 1, this year. Cost should include, but not be limited to, freight in, overhead or burden, Federal, State, or Local Taxes, or any other charges imposed upon the item that makes it more valuable to the owner. Costs will be arrived at by converting anything other than current cost back to cost. "LIFO" is not acceptable.
2. The name and address of the legal owner of any consigned goods or any other type goods not owned by you and not reported under Schedule B should be listed under Section 1, Consigned Goods. This will insure that the taxes are charged to the legal owner.
3. Schedule C - Construction in Progress - if you had any unallocated cost for Construction in Progress, which is personal property in nature, that was not reported under Schedule A it should be reported under Schedule C. A description of the property, year acquired, useful life in years, and total cost should be reported.
4. If you had in your possession on January 1 any leased or rented equipment, machinery, furniture, fixtures, tools, vending machines, or other types of property, the legal owners name and address should be listed under Section 2 headed Leased or Rented Equipment. This will insure that the taxes are charged to the legal owner.

NOTE: Schedules A, B, and C and all documents furnished by the taxpayer are considered confidential and not open to public inspection. O.C.G.A. § 48-5-314. Returns are public information.

BUSINESS PERSONAL PROPERTY TAX RETURN THIS RETURN IS CONSIDERED PUBLIC INFORMATION AND WILL BE OPEN FOR PUBLIC INSPECTION RETURN COMPLETED FORM TO ADDRESS LISTED BELOW.		TAX YEAR	IF ASSISTANCE NEEDED CALL	ACCOUNT NUMBER
		2020	770-305-5271	
		DUE DATE	MAP AND PARCEL I.D. NO.	NAICS NO.
		04/01/2020		
COUNTY NAME AND RETURN ADDRESS		TAXPAYER NAME AND ADDRESS		
FAYETTE COUNTY BOARD OF TAX ASSESSORS 140 STONEWALL AVE WEST STE 108 FAYETTEVILLE, GA 30214				
<p style="color: red;">To avoid a 10% penalty on items not previously returned, file not later than the due date listed above. This return is subject to audit by the Board of Tax Assessors under O.C.G.A. §48-5-299 and §48-5-300. The return and supporting schedule must be completed and returned in order for property to be properly returned. Department of Revenue Rule 560-11-10-.08 (3) (C)</p>		BUSINESS PHYSICAL LOCATION		
		IF MAILING ADDRESS OR NAME IS INCORRECT, PLEASE CORRECT IN THE SPACE PROVIDED BELOW.		
		NAME:		
		ADDRESS:		
		CITY, STATE, ZIP:		
LINE ↓	PERSONAL PROPERTY STRATA	<p style="color: red;">The values from Schedules A, B, and C should be listed below. If these values, in your opinion, do not reflect fair market value then declare your estimate of value under the column headed Taxpayers Returned Value.</p>		
		TAXPAYER RETURNED VALUE, AS OF JAN. 1	INDICATED VALUE FROM SCHEDULES A, B, & C	FOR TAX OFFICE USE
	F. Furniture/Fixtures/Machinery/Equipment — includes all fixtures, furniture, office equipment, computer hardware, production machinery, off-road vehicles, farm equipment and implements, tools and implements of manual laborers' trade, leasehold improvements personal property in nature and construction in progress personal property in nature.			
	I. Inventory — Includes all raw materials, goods in process, finished goods, livestock and agricultural products, all consumable supplies used in the process of manufacturing, distributing, storing or merchandising of goods and services, floor planned inventory and spare parts. <p style="color: red;">Does not include Freeport Exemption amount granted under O.C.G.A. § 48-5-48.2 or 48-5-48.6.</p>			
	P. Freeport Inventory — Includes inventory exemption amount Under O.C.G.A. §§ 48-5-48.2 and 48-5-48.6			
	Z. Other Personal — Includes all personal property not otherwise defined above.			
TOTALS				
It shall be the duty of the county Board of Tax Assessors to investigate and to inquire into the property owned in the county for the purpose of ascertaining what property is subject to taxation and to require the proper return of the property for taxation.				
TAXPAYER'S DECLARATION				
<p>"I do solemnly swear that I have carefully read (or have heard read) and have duly considered the questions propounded in the foregoing tax list, and that the value placed by me on the property returned, as shown by the list, is the true market value thereof; and I further swear that I returned, for the purpose of being taxed thereon, every species of property that I own in my own right or have control of either as agent, executor, administrator, or otherwise; and that in making this return, for the purpose of being taxed thereon, I have not attempted either by transferring my property to another or by any other means to evade the laws governing taxation in this state. I do further swear that in making this return I have done so by estimating the true worth and value of every species of property contained therein."</p>				
TAXPAYER OR AGENT X _____ Signature _____				
PLEASE PRINT OR TYPE NAME _____				
TITLE _____ DATE: _____ PHONE NUMBER: _____				

GENERAL INFORMATION - THIS SECTION SHOULD BE COMPLETED IN DETAIL (NOTE: THIS INFORMATION IS OPEN TO PUBLIC INSPECTION)

1. CHECK TYPE OF BUSINESS: COMMERCIAL ☐ INDUSTRIAL ☐ AGRICULTURAL ☐
2. CHECK TYPE OF GA. INCOME TAX FILED: CORPORATION ☐ INDIVIDUAL ☐ PARTNERSHIP ☐
3. FISCAL YEAR ENDING DATE OF BUSINESS: _____
4. FEDERAL EMPLOYER IDENTIFICATION NUMBER: _____
5. STATE TAXPAYER IDENTIFICATION (S.T.I.) NUMBER: _____ STATE SALES TAX NUMBER: _____
6. NAME OF PRESIDENT OF CORPORATION OR OWNERS NAME: _____
7. DOING BUSINESS AS: _____
8. NAME ON BUSINESS LICENSE: _____
9. IF BUSINESS LOCATED WITHIN CITY LIMITS, LIST CITY NAME: _____
10. PREPARERS NAME: _____
ADDRESS: _____ PHONE: # _____
11. PERSON WHO SHOULD BE CONTACTED CONCERNING QUESTIONS ABOUT THIS RETURN:
NAME: _____ PHONE #: _____
12. LOCATION OF SUPPORTING RECORDS: _____
13. PHONE NUMBER OF BUSINESS: _____ HOME OFFICE NUMBER: _____
TOLL FREE NUMBER: _____ FAX NUMBER: _____
EMAIL ADDRESS: _____
14. MAIN BUSINESS PRODUCT OR ACTIVITY: _____
15. NORTH AMERICAN INDUSTRY CLASSIFICATION SYSTEM (NAICS) NUMBER: _____
16. SQUARE FOOTAGE OF BUILDING: _____ IF RETAIL, SQUARE FOOTAGE OF RETAIL AREA: _____
17. IF YOU CLOSED OR SOLD YOUR BUSINESS, PLEASE LIST NEW OWNER'S NAME AND ADDRESS _____
18. DATE BUSINESS BEGAN IN THIS COUNTY: _____ WAS RETURN FILED LAST YEAR? YES ☐ NO ☐
19. DO YOU OR YOUR BUSINESS HAVE ASSETS LOCATED IN OTHER COUNTIES IN THIS STATE? YES ☐ NO ☐
20. DOES THE BUSINESS OWN A BOAT AND MOTOR? YES ☐ NO ☐
AIRCRAFT? YES ☐ NO ☐ IF YES, PLEASE REQUEST MARINE FORM PT-50M OR AIRCRAFT FORM PT 50A.

REFERENCE INFORMATION

1. O.C.G.A. § 48-5-299 requires the Board of Tax Assessors to diligently investigate and inquire into the property owned in the county for the purpose of ascertaining what property, real and personal is subject to taxation in the county and require its proper return for taxation.
2. O.C.G.A. § 48-5-300 grants the Board of Tax Assessors authority to require production of books, papers, or documents, by subpoena, if necessary, which may aid in determining the proper assessment.
3. O.C.G.A. § 48-5-269 grants the State Revenue Commissioner the authority to prescribe the forms, books, and records to be used for standard property tax reporting for all taxing units, including but not limited to, the forms, books, and records to be used in the listing, appraisal and assessment of property and how the forms, books, and records shall be compiled and kept.
4. O.C.G.A. § 48-5-269.1 grants the State Revenue Commissioner the authority to adopt and require the use of uniform procedural manual for appraising tangible real and personal property.
5. In accordance with the above sections of the Georgia Code this return and schedules are submitted to you for your completion. Failure to file a completed copy of this form may lead to an audit of your records and/or the placing of an assessment on your property from the best information obtainable in accordance with O.C.G.A. § 48-5-299 (a).
6. Freeport Exemption (O.C.G.A. §§ 48-5-48.2 and 48-5-48.6) may be available in your county. Applications are available on request and must be completed and filed with the business personal property return and schedules prior to the deadline for filing.
7. Any air and water pollution control facilities owned may be exempt under O.C.G.A. § 48-5-41 (11) which states... "All property used in or which is a part of any facility which has been installed or constructed at any time for the primary purpose of eliminating or reducing air and water pollution of such facilities and has been certified by the Department of Natural Resources as necessary and adequate for the purpose intended" shall be exempt from all Ad Valorem Property Taxes in this state.
8. Most counties do not accept metered mail dates as filing dates unless counter stamped by the post office. Be sure that the date of deposit and the postmark date are the same if mailing close to the deadline.
9. O.C.G.A. § 48-5-41.1 states... "All farm products grown in this state and remaining in the hands of the producer during the one year beginning immediately after their production and harvested agricultural products which have a planting-to-harvest cycle of 12 months or less, which are customarily cured or aged for a period in excess of one year after harvesting and before manufacturing, and which are held in this state for manufacturing and processing purposes and all qualified farm products grown in this state shall be exempt from Ad Valorem Property Taxes."
10. O.C.G.A. § 48-5-43 states... "Consumers of commercial fertilizers shall not be required to return for taxation any commercial fertilizer or any manures commonly used by farmers and others as fertilizers if the land upon which the fertilizer is to be used has been properly returned for taxation."
11. Boats and motors and aircraft should be reported on a separate reporting form which will be provided upon request.
12. Computer software (O.C.G.A. § 48-1-8) shall constitute personal property only to the extent of the value of the unmounted or uninstalled medium on or in which

it is stored or transmitted except that held as inventory ready for sale.

BUSINESS PERSONAL PROPERTY SCHEDULE A (FURNITURE / FIXTURES / MACHINERY / EQUIPMENT) <small>THIS SCHEDULE IS CONSIDERED CONFIDENTIAL AND WILL NOT BE OPEN FOR PUBLIC INSPECTION RETURN COMPLETED FORM TO ADDRESS LISTED BELOW</small>				TAX YEAR		IF ASSISTANCE NEEDED CALL		ACCOUNT NUMBER			
				2020		770-305-5271					
				DUE DATE		MAP AND PARCEL I.D. NO.		NAICS NO.			
04/01/2020											
COUNTY NAME AND RETURN ADDRESS				TAXPAYER NAME AND ADDRESS							
FAYETTE COUNTY BOARD OF TAX ASSESSORS 140 STONEWALL AVE WEST STE 108 FAYETTEVILLE, GA 30214											
DID YOU OR YOUR BUSINESS OWN ANY MACHINERY, EQUIPMENT, FURNITURE, OR FIXTURES ON JANUARY 1 OF THIS YEAR? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, PLEASE LIST BELOW.				BUSINESS PHYSICAL LOCATION							
YEAR ACQUIRED	PREVIOUSLY REPORTED ORIGINAL COST NEW	+	ADDITIONS OR TRANSFERS IN	-	DISPOSALS OR TRANSFERS OUT	=	ADJUSTED ORIGINAL COST NEW	X	COMP. CONV. FACTOR	=	INDICATED BASIC COST APPROACH VALUE
GROUP 1: TYPICAL ECONOMIC LIFE OF 5-7 YEARS (EXAMPLES ON INSTRUCTION SHEET) A.C.R.S./ M.A.C.R.S. NOT ACCEPTABLE											
2019		+		-		=		X	.87	=	
2018		+		-		=		X	.74	=	
2017		+		-		=		X	.58	=	
2016		+		-		=		X	.43	=	
2015		+		-		=		X	.32	=	
2014		+		-		=		X	.26	=	
2013		+		-		=		X	.21	=	
2012&Prior		+		-		=		X	.20	=	
TOTAL GROUP 1											
GROUP 2: TYPICAL ECONOMIC LIFE OF 8-12 YEARS (EXAMPLES ON INSTRUCTION SHEET) A.C.R.S./ M.A.C.R.S. NOT ACCEPTABLE											
2019		+		-		=		X	.92	=	
2018		+		-		=		X	.85	=	
2017		+		-		=		X	.78	=	
2016		+		-		=		X	.70	=	
2015		+		-		=		X	.63	=	
2014		+		-		=		X	.54	=	
2013		+		-		=		X	.44	=	
2012		+		-		=		X	.34	=	
2011		+		-		=		X	.28	=	
2010		+		-		=		X	.25	=	
2009		+		-		=		X	.25	=	
2008&Prior		+		-		=		X	.20	=	
TOTAL GROUP 2											
GROUP 3: TYPICAL ECONOMIC LIFE OF 13 YEARS OR MORE (EXAMPLES ON INSTRUCTION SHEET) A.C.R.S./ M.A.C.R.S. NOT ACCEPTABLE											
2019		+		-		=		X	.95	=	
2018		+		-		=		X	.91	=	
2017		+		-		=		X	.87	=	
2016		+		-		=		X	.82	=	
2015		+		-		=		X	.79	=	
2014		+		-		=		X	.75	=	
2013		+		-		=		X	.70	=	
2012		+		-		=		X	.63	=	
2011		+		-		=		X	.57	=	
2010		+		-		=		X	.52	=	
2009		+		-		=		X	.47	=	
2008		+		-		=		X	.41	=	
2007		+		-		=		X	.35	=	
2006		+		-		=		X	.31	=	
2005		+		-		=		X	.29	=	
2004		+		-		=		X	.28	=	
2003&Prior		+		-		=		X	.20	=	
TOTAL GROUP 3											
GROUP 4: TYPICAL ECONOMIC LIFE OF 1-4 YEARS; ALSO I.R.S. ASSET CLASS 00.12 (EXAMPLES ON INSTRUCTION SHEET) A.C.R.S./ M.A.C.R.S. NOT ACCEPTABLE											
2019		+		-		=		X	.67	=	
2018		+		-		=		X	.54	=	
2017		+		-		=		X	.31	=	
2016&Prior		+		-		=		X	.10	=	
TOTAL GROUP 4											
TOTAL ALL GROUPS											

ENTER TOTAL INDICATED VALUE ON PAGE ONE LINE F UNDER INDICATED VALUE FROM SCHEDULES COLUMN.

BUSINESS PERSONAL PROPERTY SCHEDULE B INVENTORY

THIS SCHEDULE IS CONSIDERED CONFIDENTIAL AND NOT OPEN TO PUBLIC INSPECTION

SCHEDULE B - INVENTORY - SEE INSTRUCTION SHEET

Did you or your business own any inventory on January 1, this year? Yes ☐ No ☐
If yes, please list in space provided below. Show total 100% cost, do not include licensed motor vehicles, or dealer heavy duty equipment for sale weighing over 5,000 pounds and to be used for construction purposes.

1. Merchandise _____
2. Raw Materials _____
3. Goods in Process _____
4. Finished Goods _____
5. Goods in Transit _____
6. Warehoused _____
7. Consigned _____
8. Floor Planned _____
9. Spare Parts _____
10. Supplies
Includes computer, medical, office and operating
supplies, fuel, and tangible prepaid expensed items
11. Packaging Materials _____
12. Livestock
(Non Exempt 48-5-41.1) _____
13. TOTAL INVENTORY _____

Enter total on page 1 Line I schedule column. If Freeport account enter exempt amount on Line P and taxable amount on Line I.

1. Indicate your inventory accounting method (Lower of Cost or Market, Retail Method, Weighted Average, Physical, etc.) _____
2. Check Cost Method as it applies to your inventory: ☐ Actual ☐ LIFO
☐ FIFO LIFO not acceptable
3. Fiscal Year ending date of business _____
If your Fiscal Year ends at a point in time other than January 1, you should attach a breakdown of how you arrived at your January 1 inventory.
4. Inventory reported on previous year Georgia Income Tax Return: _____
5. The 100% delivered cost should include freight, burden and overhead at your level of trade on January 1.
6. If you file a Corporate or Partnership Income Tax Return, a photocopy of your most current balance sheet (Corporation, Form 1120, Schedule A & L - Partnership, Form 1065, Schedule A & L) as filed with your U.S. Income Tax Return is requested. If you filed an Individual or Sole Proprietorship Income Tax Return, a photo copy of your most current Profit or Loss Statement Form 1040, Schedule C, Pages 1 & 2 as filed with your U.S. Income Tax Return is requested. These documents are requested for inventory verification purposes and will not be available for public inspection (O.C.G.A. § 48-5-314). Under GA Law you cannot be required to furnish any Income Tax Records or Returns
7. Inventory is subject to audit and verification from your records or those you have filed with the State of Georgia Department of Revenue.
8. Do not make any deductions for anticipated mark-down or shrinkage. Do not discount, figures are to be taken directly from your books.
9. If inventory is less than the previous year an explanation for the decrease should be submitted.
10. Gross Sales for the previous calendar year: _____
11. All taxable livestock and farm products should be reported as inventory. See O.C.G.A. § 48-5-41.1 for details of exemption.

SCHEDULE C - CONSTRUCTION IN PROGRESS

Did you have unallocated costs for construction in progress on January 1 this year? Yes ☐ No ☐. If yes, did you have tangible personal property connected with this construction in progress that has not been reported in any other section of this schedule? Yes ☐ No ☐. If yes, please list in the space provided below. Add Indicated Value to Total on Page 1 Line F Schedule Column.

DETAILED DESCRIPTION OF ITEMS (ATTACH SUPPLEMENTAL SHEETS IF NEEDED)	YEAR ACQUIRED	USEFUL LIFE (YEARS)	TOTAL COST	<input checked="" type="checkbox"/> MARKET VALUE FACTOR	=	INDICATED VALUE	OFFICE USE ONLY
				<input checked="" type="checkbox"/> .75	=		

SECTION 1: CONSIGNEE GOODS

Did you have any consigned goods, floor planned merchandise, or any other type of goods that were loaned, stored or otherwise held on January 1, this year, and not owned by you and was not reported in your inventory value in schedule B above of this report? Yes ☐ No ☐. If yes, list in the space provided below.

DESCRIPTION OF GOODS (ATTACH SUPPLEMENTAL SHEETS IF NEEDED)	FULL COST	NAME AND ADDRESS OF LEGAL OWNER

SECTION 2: LEASED OR RENTED EQUIPMENT

Did you have in your possession or was there located at your business on January 1, this year, any machinery, equipment, furniture, fixture, tools, vending machines (coffee, cigarette, candy, games etc.) or other type personal property which was leased, rented, loaned, stored or otherwise located at your business and not owned by you? Yes ☐ No ☐. If yes, list the equipment in the space provided below (exclude licensed motor vehicles). Attach supplemental sheet if necessary.

NAME/ADDRESS OF OWNER	DESCRIPTION OF ITEM	SELLING PRICE	RENTAL AMOUNT PER MONTH	DATE OF MANUFACTURE	DATE INSTALLED	LENGTH OF LEASE

SECTION 3: ADDITIONS OR ITEMS TRANSFERRED IN

Did you have items which were added or transferred in for prior years or the current year that were not previously reported? Yes ☐ No ☐. If yes, list in the space provided below.

DETAILED DESCRIPTION OF ITEMS (ATTACH SUPPLEMENTAL SHEETS IF NEEDED)	YEAR ACQUIRED	ORIGINAL COST NEW

SECTION 4: DISPOSALS OR ITEMS TRANSFERRED OUT

Did you have items which have been sold, junked, transferred or otherwise no longer located at the business January 1 this year? Yes ☐ No ☐. If yes, list in the space provided below.

DETAILED DESCRIPTION OF ITEMS (ATTACH SUPPLEMENTAL SHEETS IF NEEDED)	YEAR ACQUIRED	DATE DISPOSED	ORIGINAL COST NEW	REASON	IF EQUIPMENT SOLD, NAME AND ADDRESS OF PURCHASER SHOULD BE LISTED BELOW

EXHIBIT C

**APPLICATION FOR FREEPORT EXEMPTION
INVENTORY FORM:PT-50PF**

PT50PF Rev 12/4/17	APPLICATION FOR FREEPORT INVENTORY EXEMPTION See O.C.G.A. 48-5-48.1, 48-5-48.2, 48-5-48.5, and 48-5-48.6 RETURN COMPLETED FORM TO ADDRESS LISTED BELOW	TAX YEAR 2020	IF ASSISTANCE NEEDED CALL 770-305-5368	ACCOUNT NUMBER
		DUE DATE 04/01/2020	MAP AND PARCEL I.D. NO	NAICS NO. FREE
COUNTY NAME AND RETURN ADDRESS FAYETTE COUNTY BOARD OF TAX ASSESSORS 140 STONEWALL AVE WEST STE 108 FAYETTEVILLE, GA 30214		TAXPAYER NAME AND ADDRESS 		
<p style="color: red;">The last day for filing this application to receive full exemption is shown in the DUE DATE box above.</p> <p style="color: red;">If filing after the DUE DATE, a reduced exemption amount may be applicable as follows: if filed April 2- April 30 (66.67% of the full exemption), if filed May 1- May 31 (58.33%), if filed on June 1 (50%). Failure to file by June 1 shall constitute a waiver of the entire exemption for the year (0.0%)</p>		BUSINESS PHYSICAL LOCATION 		
		IF NAME OR MAILING ADDRESS IS INCORRECT, PROVIDE CORRECT DATA		
		NAME:		
		ADDRESS:		
		CITY, STATE, ZIP:		

1. Describe the type of business:
2. Inventory values must be reported at 100% full cost at level of trade which includes freight, burden, overhead, and other charges as of January 1 of taxable year
3. List the method of inventory valuation used: _____ List the method of inventory cost identification: _____

4. SUMMATION OF INVENTORY

a. Total value of 'All Inventory' held on January 1 of taxable year	\$
b. Total value of all inventory held as 'Stock in Trade of a Retailer' as of January 1 of taxable year	\$

5. FREEPORT LEVEL '1' (NOTE: Not all counties offer Level 1 Freeport – check with county for appropriate exemption % for each category)

a. "Finished Goods" held longer than 12 months	\$
b. Packaging materials (boxes, cartons, cases, fillers, labels, liners, pallets, plastic trays, shrink wrap, tape, etc.)	\$
c. Other expensed supplies (i.e. gasoline, medical supplies, office supplies, production supplies, safety gear, uniforms, etc.)	\$
d. Spare parts inventory	\$
e. Enter the 'FULL COST' for each category below and enter the combined 'FULL COST' for all categories here: →	\$

Category 1 – Raw materials and Goods in Process of a MANUFACTURER

_____ 'FULL COST' Category 1	X*	_____ Exemption %	=	_____ 'EXEMPTION AMOUNT'
------------------------------	----	-------------------	---	--------------------------

Category 2 – "Finished Goods" manufactured in Georgia held by original MANUFACTURER less than 12 months

_____ 'FULL COST' Category 2	X*	_____ Exemption %	=	_____ 'EXEMPTION AMOUNT'
------------------------------	----	-------------------	---	--------------------------

Line 5e - Category 3 – "Finished Goods" of DISTRIBUTOR held less than 12 months destined for out-of-state shipment

_____ 'FULL COST' from Page 2, Line 8(e)	X*	_____ Exemption %	=	_____ 'EXEMPTION AMOUNT'
--	----	-------------------	---	--------------------------

Category 4 – "Stock in Trade of a FULLFILLMENT CENTER" held less than 12 months

_____ 'FULL COST' Category 4	X*	_____ Exemption %	=	NOT OFFERED _____ 'EXEMPTION AMOUNT'
------------------------------	----	-------------------	---	---

f. Apply the appropriate Level 1 exemption percentages above and enter the combined 'EXEMPTION AMOUNT' on this line. \$
This represents the total Freeport Level '1' Exemption amount.

6. FREEPORT LEVEL '2' (NOTE: Not all counties offer Level 2 Freeport – check with county for appropriate exemption %)

a. Enter total cost of all merchandise held as inventory from Line '4a' excluding amounts entered on Lines '5b', '5c', '5d', and '5e'	\$ NOT OFFERED
b. Multiply Line '6a' by 'appropriate exemption %' for Level 2 Freeport and enter amount on this line. This represents the total applicable Freeport Level '2' Exemption amount.	\$ NOT OFFERED

7. ATTACH AND FILE THIS FORM WITH PT50P-TAXPAYER RETURN

a. Total Freeport '1' & '2' Exemption (add Lines '5f' and '6b' and enter amount here and on PT50P, Page 1, Line 'P')	\$
b. Total Taxable Inventory (Subtract Line '7a' from Line '4a and enter amount here and on PT50P, Page 1, Line 'I')	\$

8. EXPLANATION OF WHAT IS EXEMPTED BY FREEPORT**FREEPORT LEVEL 1 - MANUFACTURING OR PRODUCTION BUSINESS** (see O.C.G.A. 48-5-48.1 and 48-5-48.2)

CATEGORY 1. Inventory of goods in the process of manufacture or production which shall include all finished goods and raw materials held for direct use or consumption in the ordinary course of the taxpayers manufacturing or production business in this state. This exemption shall apply to tangible personal property which is substantially modified, altered or changed in the ordinary course of the taxpayer's manufacturing, processing or production operations in this state. For purpose of this exemption "Raw Materials" shall mean any material, whether crude or processed, that can be converted by manufacturing, processing, or a combination thereof into a new and useful product but shall not include unrecovered, unextracted or unsevered natural resources or packing materials.

CATEGORY 2. Inventory of "Finished Goods" manufactured or produced within this state in the ordinary course of the taxpayer manufacturing or production business when held by the original manufacturer or producer of such goods. This exemption shall be for a period not exceeding (12) months from the date such property is produced or manufactured.

FREEPORT LEVEL 1 - WHOLESALE OR DISTRIBUTION BUSINESS (see O.C.G.A. 48-5-48.1 and 48-5-48.2)

CATEGORY 3. Inventory of "Finished Goods" which, on January 1, are stored in a warehouse, dock, or wharf, whether public or private, and which are destined for shipment to a final destination outside this state and inventory of finished goods which are shipped into this state from outside this state and stored for transshipment to a final destination outside this state. The exemption shall be for a period not exceeding (12) months from the date such property is stored in this state. Such period shall be determined based on application of a first-in, first-out method of accounting for the inventory. The official books and records of the warehouse, dock, or wharf where such property is being stored shall contain a full, true, and accurate inventory of all such property, including the date of the receipt of the property, the date of withdrawal of the property, the point of origin of the property, and the point of final destination of the same, if known.

CALCULATE INVENTORY QUALIFIED FOR FREEPORT LEVEL 1 - CATEGORY 3:

(a) Total "Finished Goods" inventory shipments from this county during the last complete calendar year:

(a) \$

(b) Total "Finished Goods" inventory shipments from this county during the last complete calendar year to an out-of-State destination:

(b) \$

(c) Percentage of Out-of-State shipments: ('b' divided by 'a')

(c) %

(d) Total "Finished Goods" inventory on January 1 of this year: (Exclude inventory stored over (12) months)

(d) \$

(e) Estimated out-of-State shipments this year: (multiply 'c' times 'd') Enter on Page 1, line 5e-Category 3

(e) \$

FREEPORT LEVEL 1 - FULFILLMENT CENTER (see O.C.G.A. 48-5-48.1 and 48-5-48.2)

CATEGORY 4. "Stock in Trade of a Fulfillment Center" meaning goods, wares, and merchandise held by one in the business of making sales of such goods when such goods are held or stored at a fulfillment center and held less than 12 months and which is made available to REMOTE purchasers who purchase by electronic, internet, telephonic, or other REMOTE means, and where such stock will be SHIPPED from the center to a location other than the fulfillment center.

For the purpose of Freeport Level 1:

"Finished Goods" means goods, wares, and merchandise of every character and kind but shall not include unrecovered, unextracted, or unsevered natural resources or raw materials or goods in the process of manufacture or production or the Stock-in Trade of a Retailer. "Stock in Trade of a Retailer" means finished goods held by one in the business of making sales of such goods at retail in this state, within the meaning of Chapter 8 of Title 48, when such goods are held or stored at a business location from which such retail sales are regularly made. Goods stored in a warehouse, dock, or wharf, including a warehouse or distribution center which is part of or adjoins a place of business from which retail sales are regularly made, shall not be considered stock in trade of a retailer to the extent that the taxpayer can establish, through a historical sales or shipment analysis, either of which utilizes information from the preceding calendar year, or other reasonable, documented method, the portion or percentage of such goods which is reasonably anticipated to be shipped outside this state for resale purposes. "Stock in Trade of a Fulfillment Center" means goods, wares, and merchandise held by one in the business of making sales of such goods when such goods are held or stored at a fulfillment center.

FREEPORT LEVEL 2 (see O.C.G.A. 48-5-48.5 and 48-5-48.6)

FREEPORT LEVEL 2. Inventory of finished goods held by one in the business of making sales of such goods in this state and which includes goods, wares, and merchandise of every character and kind constituting a business' inventory that would not otherwise qualify for a Level 1 freeport exemption

9. SUPPORTING INFORMATION: a. Physical location of inventory in this county. (List)

b. Does the taxpayer have written reports to support this Freeport exemption? NO ☐ Yes ☐ Provide the location of such books and records.

c. Provide NAME and CONTACT information for person responsible for answering questions pertaining to this inventory.

10. OATH OF PERSON MAKING APPLICATION FOR EXEMPTION: "I do solemnly swear, that I have carefully read (or have heard read) and have duly considered the questions propounded in the foregoing tax list, and that the value placed by me on the property listed as shown, is the true market value thereof, and I further swear, or affirm, that I returned, for the purpose of being taxed thereon, every species of inventory that I own in my right, or have control of, either as agent, executor, administrator, or otherwise; and in making this application, for the purpose of being taxed thereon, I have not attempted, either by transferring my property to another or by any other means, to evade the laws governing taxation in this state. I do further swear, or affirm, that in making this application, I have done so by estimating the true worth and value of every species of inventory contained therein."

(Taxpayer Signature)

(Title)

(Date)

(Preparers Signature)

(Title)

(Date)

11. DISPOSITION OF THE COUNTY BOARD OF TAX ASSESSORS:

APPROVED ~

DISAPPROVED ~

EXHIBIT D

**MARINE PERSONAL PROPERTY TAX RETURN FORM
FORM:PT-50M**

PT-50M

↓ FROM ↓

FAYETTE COUNTY BOARD OF TAX ASSESSORS
140 STONEWALL AVE WEST
STE 108
FAYETTEVILLE, GA 30214

↓ MAIL TO ↓

OFFICIAL TAX MATTER

MARINE PERSONAL PROPERTY TAX RETURN AND SCHEDULES



MARINE PERSONAL PROPERTY TAX RETURN <small>THIS RETURN IS CONSIDERED PUBLIC INFORMATION AND WILL BE OPEN FOR PUBLIC INSPECTION RETURN COMPLETED FORM TO ADDRESS LISTED BELOW</small>		TAX YEAR 2020	IF ASSISTANCE NEEDED CALL 770-305-5274	ACCOUNT NUMBER
		DUE DATE 04/01/2020	OWNERS PHONE NUMBER (LIST)	
COUNTY NAME AND RETURN ADDRESS		TAXPAYER NAME AND ADDRESS		
FAYETTE COUNTY BOARD OF TAX ASSESSORS 140 STONEWALL AVE WEST STE 108 FAYETTEVILLE, GA 30214				
<p style="color: red;">To avoid a 10% penalty on boats and motors not previously returned, file this return no later than the due date listed above. This return is provided to you so you may return the fair market value of your boat and motor for this tax year. The return and supporting schedule must be completed and returned in order for the boat and motor to be properly returned. Department of Revenue Rule 560-11-10-.08 (3) (C).</p>		TAX SITUS (WHERE YOU LIVE) CHECK ONE		
		<input type="checkbox"/> UNINCORPORATED AREA <input type="checkbox"/> CITY OF (LIST):		
		IF MAILING ADDRESS OR NAME IS INCORRECT, PLEASE CORRECT IN THE SPACE PROVIDED BELOW. NAME:		
		ADDRESS:		
		CITY, STATE, ZIP:		
PERSONAL PROPERTY STRATA		BOATS SHALL BE RETURNED TO THE COUNTY WHERE LOCATED 184 DAYS A YEAR OR MORE LIST THE FAIR MARKET VALUE OF ALL BOATS AND MOTORS BELOW (EXCLUDE TRAILER).		
B - BOATS AND MOTORS - INCLUDE ALL CRAFT IN AND ABOVE THE WATER, THE MOTORS BUT NOT THE LAND TRANSPORT VEHICLES (TRAILERS).		TAXPAYER RETURN VALUE AS OF JAN. 1 THIS YEAR	FOR TAX OFFICE USE ONLY (TAX ASSESSORS VALUE)	
BOAT AND MOTOR NUMBER 1 GA. REGISTRATION #:				
BOAT AND MOTOR NUMBER 2 GA. REGISTRATION #:				
BOAT AND MOTOR NUMBER 3 GA. REGISTRATION #:				
BOAT AND MOTOR NUMBER 4 GA. REGISTRATION#:				
BOAT AND MOTOR NUMBER 5 GA REGISTRATION #:				
FEDERAL DOCUMENTED VESSEL #1 COAST GUARD NUMBER:				
FEDERAL DOCUMENTED VESSEL # 2 COAST GUARD NUMBER:				
TOTAL				
It shall be the duty of the county board of tax assessors to investigate and to inquire into the property owned in the county for the purpose of ascertaining what property is subject to taxation and to require the proper return of the property for taxation.				
TAXPAYER'S DECLARATION				
<p>"I do solemnly swear that I have carefully read (or have heard read) and have duly considered the questions propounded in the foregoing tax list, and that the value placed by me on the property returned, as shown by the list, is the true market value thereof; and I further swear that I returned, for the purpose of being taxed thereon, every species of property that I own in my own right or have control of either as agent, executor, administrator, or otherwise; and that in making this return, for the purpose of being taxed thereon, I have not attempted either by transferring my property to another or by any other means to evade the laws governing taxation in this state. I do further swear that in making this return I have done so by estimating the true worth and value of every species of property contained therein."</p>				
TAXPAYER OR AGENT X _____ TITLE _____ DATE _____				
OWNERS PHONE NUMBER: (Home) _____ (DayTime) _____				

INSTRUCTIONS

INSTRUCTIONS FOR PAGE ONE – MARINE PERSONAL PROPERTY TAX RETURN

1. Boats shall be returned to the county where located 184 days a year or more.
2. The return is considered public information and will be open for public inspection.
3. If taxpayer name or mailing address is incorrect, please correct in the space provided.
4. To avoid a 10% penalty on boats and motors not previously returned, this return must be filed no later than date listed under the due date column on page one.
5. This return is provided for the taxpayer to report the fair market value of all boats and motors owned on January 1, this year.
6. The fair market value should be listed under the column headed taxpayer return value as of January 1, this year, page one.
7. Fair market value of boats and motors should not include the value of the trailer. Taxes on trailers are paid when tag is purchased.
8. Taxpayer declaration: This declaration must be signed by the owner or agent and dated in order for this to be a valid return.

INSTRUCTIONS FOR PAGE THREE - SCHEDULE D (MARINE)

1. This schedule is considered confidential information and not open to public inspection O.C.G.A. § 48-5-314. Returns are public information.
2. All information about the boat and motor should be listed in order for the Board of Tax Assessors to determine the proper assessment.
3. If the boat and motor has been sold or traded and you did not own on January 1, this year, please list the name and address of new owner in order for the items to be removed from your account.
4. Additional boats and motors and federal documented vessels may be listed on the back of Schedule D. Attach additional sheets if necessary.
5. Attach a listing of anything that is functionally wrong with your boat and motor. This will help the Board of Assessors make a proper assessment.
6. Boat and motor accessory equipment, such as trolling motors, should be listed on the back of Schedule D.

REFERENCE INFORMATION

1. O.C.G.A. § 48-5-299 requires the Board of Tax Assessors to diligently investigate and inquire into the property owned in the county for the purpose of ascertaining what property, real and personal, is subject to taxation in the county and to require its proper return for taxation.
2. O.C.G.A. § 48-5-300 grants the Board of Tax Assessors authority to require production of books, papers or documents, by subpoena if necessary, which may aid in determining the proper assessment.
3. O.C.G.A. § 48-5-269 grants the State Revenue Commissioner the authority to prescribe, the forms, books and records to be used for standard property tax reporting for all taxing units, including but not limited to, the forms, books and records to be used in the listing, appraisal and assessment of property and how the forms, books and records shall be compiled and kept.
4. O.C.G.A. § 48-5-269.1 grants the State Revenue Commissioner the authority to adopt and require the use of a uniform procedural manual for appraising tangible real and personal property.
5. This return and schedule is submitted to you for your completion in accordance with the above sections of the Georgia Code.

MARINE SCHEDULE D		TAX YEAR	IF ASSISTANCE NEEDED CALL	ACCOUNT NUMBER
THIS SCHEDULE IS CONSIDERED CONFIDENTIAL INFORMATION AND NOT OPEN FOR PUBLIC INSPECTION. RETURN COMPLETED FORM TO ADDRESS LISTED BELOW		2020	770-305-5274	
		DUE DATE		OWNERS PHONE NUMBER (LIST)
		04/01/2020		
COUNTY NAME AND RETURN ADDRESS		TAXPAYER NAME AND ADDRESS		
FAYETTE COUNTY BOARD OF TAX ASSESSORS 140 STONEWALL AVE WEST STE 108 FAYETTEVILLE, GA 30214				
TAX SITUS (WHERE YOU LIVE) CHECK ONE <input type="checkbox"/> UNINCORPORATED AREA <input type="checkbox"/> CITY OF (LIST)				
BOAT # 1				
GEORGIA COUNTY WHERE BOAT IS FUNCTIONALLY LOCATED 184 DAYS A YEAR OR MORE (LIST):				
GA. REGISTRATION NO. BOAT #1 (LIST):		MOTOR # 1		
MFG. NAME: (MAKE)		MFG. NAME: (MAKE)		
MODEL NAME OR #:		MODEL NAME OR #:		
YEAR BUILT:		YEAR BUILT:		
LENGTH: HULL MATERIAL:		HORSEPOWER:		
DATE PURCHASED:		ELECTRIC START <input type="checkbox"/> RECOIL <input type="checkbox"/>		
PURCHASED: NEW <input type="checkbox"/> USED <input type="checkbox"/>		DATE PURCHASED:		
COST: (BOAT)		PURCHASED: NEW <input type="checkbox"/> USED <input type="checkbox"/>		
TOTAL COST OF BOAT & MOTOR (EXCLUDING TRAILER):		COST: (MOTOR):		
CHECK TYPE OF BOAT <input type="checkbox"/> INBOARD <input type="checkbox"/> OUTBOARD <input type="checkbox"/> INBOARD/OUTBOARD <input type="checkbox"/> SAILBOAT <input type="checkbox"/> PONTOON <input type="checkbox"/> HOUSEBOAT <input type="checkbox"/> JET BOAT <input type="checkbox"/> JET SKI <input type="checkbox"/> OTHER (LIST):				
BOAT # 2				
GEORGIA COUNTY WHERE BOAT IS FUNCTIONALLY LOCATED 184 DAYS A YEAR OR MORE (LIST):				
GA. REGISTRATION NO. BOAT #2 (LIST):		MOTOR # 2		
MFG. NAME: (MAKE)		MFG. NAME: (MAKE)		
MODEL NAME OR #:		MODEL NAME OR #:		
YEAR BUILT:		YEAR BUILT:		
LENGTH: HULL MATERIAL:		HORSEPOWER:		
DATE PURCHASED:		ELECTRIC START <input type="checkbox"/> RECOIL <input type="checkbox"/>		
PURCHASED: NEW <input type="checkbox"/> USED <input type="checkbox"/>		DATE PURCHASED:		
COST: (BOAT)		PURCHASED: NEW <input type="checkbox"/> USED <input type="checkbox"/>		
TOTAL COST OF BOAT & MOTOR (EXCLUDING TRAILER):		COST: (MOTOR):		
CHECK TYPE OF BOAT <input type="checkbox"/> INBOARD <input type="checkbox"/> OUTBOARD <input type="checkbox"/> INBOARD/OUTBOARD <input type="checkbox"/> SAILBOAT <input type="checkbox"/> PONTOON <input type="checkbox"/> HOUSEBOAT <input type="checkbox"/> JET BOAT <input type="checkbox"/> JET SKI <input type="checkbox"/> OTHER (LIST):				
LIST ALL BOAT AND MOTOR ACCESSORY EQUIPMENT ON THE BACK OF THIS FORM. EXAMPLE - TROLLING MOTOR, ETC.				
Is there anything functionally wrong with your boat and motor? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide the Board of Assessors with documentation in order for them to make a proper assessment.		NAME OF PURCHASER: _____		
		ADDRESS: _____		
		CITY, STATE, ZIP: _____		
If you sold or traded your boat and motor and did not own on January 1 this year, this section should be completed in order for the items to be removed from your account.		DATE SOLD: _____ SALE PRICE: _____		
		DESCRIPTION _____		
If purchased used this year, list the name and address of the previous owner.		NAME: _____		
		ADDRESS: _____		
		CITY, STATE, ZIP _____		
FEDERAL DOCUMENTED VESSEL #1				
TYPE AND USE OF VESSEL: _____				
VESSEL NAME: _____ LENGTH: _____ YEAR BUILT: _____ HULL MATERIAL: _____				
HORSEPOWER AND TYPE OF ENGINE: _____ COAST GUARD NUMBER: _____				
YEAR PURCHASED: _____ PURCHASED: NEW <input type="checkbox"/> USED <input type="checkbox"/> AMOUNT OF PURCHASE: _____				
HOME PORT: _____ WHERE DOCKED: _____				
LIST ADDITIONAL BOATS AND MOTORS, AND EQUIPMENT ON THE BACK OF THIS FORM. ATTACH ADDITIONAL SHEETS IF NEEDED.				

LIST ADDITIONAL BOATS AND MOTORS AND FEDERAL DOCUMENTED VESSELS ON THIS PAGE

BOAT # 3

GEORGIA COUNTY WHERE BOAT IS FUNCTIONALLY LOCATED 184 DAYS A YEAR OR MORE (LIST):

GA. REGISTRATION NO. BOAT #3 (LIST):

MOTOR # 3

MFG. NAME: (MAKE)

MFG. NAME: (MAKE)

MODEL NAME OR #:

MODEL NAME OR #:

YEAR BUILT:

YEAR BUILT:

LENGTH: HULL MATERIAL:

HORSEPOWER:

DATE PURCHASED:

ELECTRIC START ☐ RECOIL ☐

PURCHASED: NEW ☐ USED ☐

DATE PURCHASED:

COST: (BOAT)

PURCHASED: NEW ☐ USED ☐

TOTAL COST OF BOAT & MOTOR (EXCLUDING TRAILER):

COST: (MOTOR):

CHECK TYPE OF BOAT ☐ INBOARD ☐ OUTBOARD ☐ INBOARD/OUTBOARD ☐ SAILBOAT ☐ PONTOON

☐ HOUSEBOAT ☐ JET BOAT ☐ JET SKI ☐ OTHER (LIST):

BOAT # 4

GEORGIA COUNTY WHERE BOAT IS FUNCTIONALLY LOCATED 184 DAYS A YEAR OR MORE (LIST):

GA. REGISTRATION NO. BOAT #4 (LIST):

MOTOR # 4

MFG. NAME: (MAKE)

MFG. NAME: (MAKE)

MODEL NAME OR #:

MODEL NAME OR #:

YEAR BUILT:

YEAR BUILT:

LENGTH: HULL MATERIAL:

HORSEPOWER:

DATE PURCHASED:

ELECTRIC START ☐ RECOIL ☐

PURCHASED: NEW ☐ USED ☐

DATE PURCHASED:

COST: (BOAT)

PURCHASED: NEW ☐ USED ☐

TOTAL COST OF BOAT & MOTOR (EXCLUDING TRAILER):

COST: (MOTOR):

CHECK TYPE OF BOAT ☐ INBOARD ☐ OUTBOARD ☐ INBOARD/OUTBOARD ☐ SAILBOAT ☐ PONTOON

☐ HOUSEBOAT ☐ JET BOAT ☐ JET SKI ☐ OTHER (LIST):

BOAT # 5

GEORGIA COUNTY WHERE BOAT IS FUNCTIONALLY LOCATED 184 DAYS A YEAR OR MORE (LIST):

GA. REGISTRATION NO. BOAT #5 (LIST):

MOTOR # 5

MFG. NAME: (MAKE)

MFG. NAME: (MAKE)

MODEL NAME OR #:

MODEL NAME OR #:

YEAR BUILT:

YEAR BUILT:

LENGTH: HULL MATERIAL:

HORSEPOWER:

DATE PURCHASED:

ELECTRIC START ☐ RECOIL ☐

PURCHASED: NEW ☐ USED ☐

DATE PURCHASED:

COST: (BOAT)

PURCHASED: NEW ☐ USED ☐

TOTAL COST OF BOAT & MOTOR (EXCLUDING TRAILER):

COST: (MOTOR):

CHECK TYPE OF BOAT ☐ INBOARD ☐ OUTBOARD ☐ INBOARD/OUTBOARD ☐ SAILBOAT ☐ PONTOON

☐ HOUSEBOAT ☐ JET BOAT ☐ JET SKI ☐ OTHER (LIST):

Is there anything functionally wrong with your boat and motor? Yes() No(). If yes, please provide the Board of Assessors with documentation in order for them to make a proper assessment.

If you sold or traded your boat and motor and did not own on January 1 this year, this section should be completed in order for the items to be removed from your account.

If purchased used this year, list the name and address of the previous owner.

NAME OF PURCHASER: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
DATE SOLD: _____ SALE PRICE: _____
DESCRIPTION _____

NAME: _____
ADDRESS: _____
CITY, STATE, ZIP _____

FEDERAL DOCUMENTED VESSEL #2

TYPE AND USE OF VESSEL: _____

VESSEL NAME: _____ LENGTH: _____ YEAR BUILT: _____ HULL MATERIAL: _____

HORSEPOWER AND TYPE OF ENGINE: _____ COAST GUARD NUMBER: _____

YEAR PURCHASED: _____ PURCHASED: NEW ☐ USED ☐ AMOUNT OF PURCHASE: _____

HOME PORT: _____ WHERE DOCKED: _____

BOAT AND MOTOR ACCESSORY EQUIPMENT (LIST): _____

EXHIBIT E

**AIRCRAFT PERSONAL PROPERTY TAX RETURN
FORM:PT-50A**

PT - 50A

↓ FROM ↓

FAYETTE COUNTY BOARD OF TAX ASSESSORS
140 STONEWALL AVE WEST
STE 108
FAYETTEVILLE, GA 30214

↓ MAIL TO ↓

OFFICIAL TAX MATTER

AIRCRAFT PERSONAL PROPERTY TAX RETURN AND SCHEDULES



AIRCRAFT PERSONAL PROPERTY TAX RETURN <small>THIS RETURN IS CONSIDERED PUBLIC INFORMATION AND WILL BE OPEN FOR PUBLIC INSPECTION RETURN COMPLETED FORM TO ADDRESS LISTED BELOW</small>		TAX YEAR	IF ASSISTANCE NEEDED CALL	ACCOUNT NUMBER
		2020	770-305-5274	
		DUE DATE	OWNERS PHONE NUMBER (LIST)	
		04/01/2020		
COUNTY NAME AND RETURN ADDRESS		TAXPAYER NAME AND ADDRESS		
FAYETTE COUNTY BOARD OF TAX ASSESSORS 140 STONEWALL AVE WEST STE 108 FAYETTEVILLE, GA 30214				
<p style="color: red;">To avoid a 10% penalty on aircraft not previously returned, file this return no later than the due date listed above. This return is provided to you so you may return the fair market value of your aircraft for this tax year. The return and supporting schedule must be completed and returned in order for the aircraft to be properly returned. Department of Revenue Rule 560-11-10-.08 (3) (C).</p>		TAX SITUS (WHERE YOU LIVE) CHECK ONE		
		<input type="checkbox"/> UNINCORPORATED AREA <input type="checkbox"/> CITY OF (LIST):		
		IF MAILING ADDRESS OR NAME IS INCORRECT, PLEASE CORRECT IN THE SPACE PROVIDED BELOW.		
		NAME:		
		ADDRESS:		
		CITY, STATE, ZIP:		
PERSONAL PROPERTY STRATA		<p style="color: red;">AIRCRAFT SHALL BE RETURNED TO THE COUNTY WHERE PRIMARY HOME BASE IS LOCATED. LIST THE FAIR MARKET VALUE OF ALL AIRCRAFT UNDER TAXPAYER RETURN COLUMN BELOW.</p>		
A. AIRCRAFT- INCLUDES AIRPLANES, ROTOCRAFT, AND LIGHTER THAN AIR VEHICLES. COMMERCIAL AIRLINE AIRCRAFT ARE RETURNED TO THE STATE REVENUE COMMISSIONER.		TAXPAYER RETURN VALUE AS OF JAN. 1 THIS YEAR		FOR TAX OFFICE USE ONLY (TAX ASSESSORS VALUE)
AIRCRAFT NUMBER 1 REGISTRATION N #:				
AIRCRAFT NUMBER 2 REGISTRATION N #:				
AIRCRAFT NUMBER 3 REGISTRATION N #:				
AIRCRAFT NUMBER 4 REGISTRATION N #:				
AIRCRAFT NUMBER 5 REGISTRATION N #:				
TOTAL				
It shall be the duty of the County Board of Tax Assessors to investigate and to inquire into the property owned in the county for the purpose of ascertaining what property is subject to taxation and to require the proper return of the property for taxation.				
TAXPAYER'S DECLARATION "I do solemnly swear that I have carefully read (or have heard read) and have duly considered the questions propounded in the foregoing tax list, and that the value placed by me on the property returned, as shown by the list, is the true market value thereof; and I further swear that I returned, for the purpose of being taxed thereon, every species of property that I own in my own right or have control of either as agent, executor, administrator, or otherwise; and that in making this return, for the purpose of being taxed thereon, I have not attempted either by transferring my property to another or by any other means to evade the laws governing taxation in this state. I do further swear that in making this return I have done so by estimating the true worth and value of every species of property contained therein."				
TAXPAYER OR AGENT X _____ TITLE _____ DATE _____				
OWNERS PHONE NUMBER: (Home) _____ (DayTime) _____				

INSTRUCTIONS

INSTRUCTIONS FOR PAGE ONE – AIRCRAFT PERSONAL PROPERTY TAX RETURN

1. Aircraft shall be returned to the county where principally hangered or tied down and out of which its flights normally originate.
2. The return is considered public information and will be open for public inspection.
3. If taxpayer name or address is incorrect, please correct in the space provided.
4. To avoid a 10% penalty, on aircraft not previously returned, this return must be filed no later than date listed under the due date column on page one.
5. This tax return is provided for the taxpayer to report the fair market value of all aircraft owned on January 1, this year.
6. The fair market value should be listed under the column headed taxpayer return value as of January 1, this year, page 1.
7. Taxpayer declaration: This declaration must be signed by the owner or agent and dated in order for this to be a valid return.

INSTRUCTIONS FOR PAGE THREE - SCHEDULE E (AIRCRAFT)

1. This schedule is considered confidential information and not open to public inspection O.C.G.A. § 48-5-314. Returns are public information.
2. All information about the aircraft should be listed in order for the Board of Assessors to determine the proper assessment.
3. If the aircraft has been sold or traded and you did not own it on January 1, this year, please list the name and address of new owner in order for the items to be removed from your account.
4. Listing anything that is functionally wrong with your aircraft on the bottom of page three. This will help the Board of Assessors make a proper assessment.
5. Additional aircraft may be listed on the back of Schedule E. Attach additional sheets if necessary.
6. Avionics and extra equipment should be listed under the column headed avionics and extra equipment.

REFERENCE INFORMATION

1. O.C.G.A. § 48-5-299 requires the Board of Tax Assessors to diligently investigate and inquire into the property owned in the county for the purpose of ascertaining what property, real and personal, is subject to taxation in the county and to require its proper return for taxation.
2. O.C.G.A. § 48-5-300 grants the Board of Tax Assessors authority to require production of books, papers or documents, by subpoena if necessary, which may aid in determining the proper assessment.
3. O.C.G.A. § 48-5-269 grants the State Revenue Commissioner the authority to prescribe, the forms, books and records to be used for standard property tax reporting for all taxing units, including but not limited to, the forms, books and records to be used in the listing, appraisal and assessment of property and how the forms, books and records shall be compiled and kept.
4. O.C.G.A. § 48-5-269.1 grants the State Revenue Commissioner the authority to adopt and require the use of a uniform procedural manual for appraising tangible real and personal property.
5. This return and schedule is submitted to you for your completion in accordance with the above sections of the Georgia Code.

AIRCRAFT SCHEDULE E		TAX YEAR	IF ASSISTANCE NEEDED CALL	ACCOUNT NUMBER
THIS SCHEDULE IS CONSIDERED CONFIDENTIAL INFORMATION AND NOT OPEN FOR PUBLIC INSPECTION. RETURN COMPLETED FORM TO ADDRESS LISTED BELOW		2020	770-305-5274	
		DUE DATE		OWNERS PHONE NUMBER (LIST)
		04/01/2020		
COUNTY NAME AND RETURN ADDRESS		TAXPAYER NAME AND ADDRESS		
FAYETTE COUNTY BOARD OF TAX ASSESSORS 140 STONEWALL AVE WEST STE 108 FAYETTEVILLE, GA 30214				
TAX SITUS (WHERE YOU LIVE) CHECK ONE <input type="checkbox"/> UNINCORPORATED AREA <input type="checkbox"/> CITY OF (LIST)				
AIRCRAFT # 1				
AIRPORT WHERE AIRCRAFT PRIMARY HOME BASED - CITY _____ COUNTY _____ STATE _____				
REGISTRATION "N" #:		AVIONICS AND EXTRA EQUIPMENT		
MFG. NAME: (MAKE)				
MODEL NAME OR #:				
YEAR BUILT:				
SERIAL NUMBER:				
DATE PURCHASED				
PURCHASED: NEW <input type="checkbox"/> USED <input type="checkbox"/>				
COST:				
HOURS BETWEEN OVERHAULS (TBO):				
HOURS SINCE LAST OVERHAUL:				
LAST OVERHAUL: MAJOR <input type="checkbox"/> TOP <input type="checkbox"/>		NOTE: Please submit a copy of your log book to substantiate T.B.O. and airframe hours.		
TOTAL HOURS ON AIRFRAME AS OF JAN. 1:				
AIRCRAFT # 2				
AIRPORT WHERE AIRCRAFT PRIMARY HOME BASED - CITY _____ COUNTY _____ STATE _____				
REGISTRATION "N" #:		AVIONICS AND EXTRA EQUIPMENT		
MFG. NAME: (MAKE)				
MODEL NAME OR #:				
YEAR BUILT:				
SERIAL NUMBER:				
DATE PURCHASED				
PURCHASED: NEW <input type="checkbox"/> USED <input type="checkbox"/>				
COST:				
HOURS BETWEEN OVERHAULS (TBO):				
HOURS SINCE LAST OVERHAUL:				
LAST OVERHAUL: MAJOR <input type="checkbox"/> TOP <input type="checkbox"/>		NOTE: Please submit a copy of your log book to substantiate T.B.O. and airframe hours.		
TOTAL HOURS ON AIRFRAME AS OF JAN. 1:				
Is there anything functionally wrong with your aircraft? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide the Board of Assessors with information in order for them to make a proper assessment. (List Below)		NAME OF PURCHASER: _____ ADDRESS: _____ CITY, STATE, ZIP: _____ DATE SOLD: _____ SALE PRICE: _____ DESCRIPTION: _____		
If you sold or traded your aircraft and did not own on January 1, this year, this section should be completed in order for the items to be removed from your account. ➤				
If purchased used this year, list the name and address of the previous owner. ➤		NAME: _____ ADDRESS: _____ CITY, STATE, ZIP: _____		
List anything functionally wrong with your aircraft: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____				

AIRCRAFT # 3	
AIRPORT WHERE AIRCRAFT PRIMARY HOME BASED - CITY _____	COUNTY _____ STATE _____
REGISTRATION "N" #:	AVIONICS AND EXTRA EQUIPMENT
MFG. NAME: (MAKE)	
MODEL NAME OR #:	
YEAR BUILT:	
SERIAL NUMBER:	
DATE PURCHASED	
PURCHASED: NEW <input type="checkbox"/> USED <input type="checkbox"/>	
COST:	
HOURS BETWEEN OVERHAULS (TBO):	
HOURS SINCE LAST OVERHAUL:	
LAST OVER HAUL: MAJOR <input type="checkbox"/> TOP <input type="checkbox"/>	NOTE: Please submit a copy of your log book to substantiate T.B.O. and airframe hours.
TOTAL HOURS ON AIRFRAME AS OF JAN. 1:	
AIRCRAFT # 4	
AIRPORT WHERE AIRCRAFT PRIMARY HOME BASED - CITY _____	COUNTY _____ STATE _____
REGISTRATION "N" #:	AVIONICS AND EXTRA EQUIPMENT
MFG. NAME: (MAKE)	
MODEL NAME OR #:	
YEAR BUILT:	
SERIAL NUMBER:	
DATE PURCHASED	
PURCHASED: NEW <input type="checkbox"/> USED <input type="checkbox"/>	
COST:	
HOURS BETWEEN OVERHAULS (TBO):	
HOURS SINCE LAST OVERHAUL:	
LAST OVER HAUL: MAJOR <input type="checkbox"/> TOP <input type="checkbox"/>	NOTE: Please submit a copy of your log book to substantiate T.B.O. and airframe hours.
TOTAL HOURS ON AIRFRAME AS OF JAN. 1:	
AIRCRAFT # 5	
AIRPORT WHERE AIRCRAFT PRIMARY HOME BASED - CITY _____	COUNTY _____ STATE _____
REGISTRATION "N" #:	AVIONICS AND EXTRA EQUIPMENT
MFG. NAME: (MAKE)	
MODEL NAME OR #:	
YEAR BUILT:	
SERIAL NUMBER:	
DATE PURCHASED	
PURCHASED: NEW <input type="checkbox"/> USED <input type="checkbox"/>	
COST:	
HOURS BETWEEN OVERHAULS (TBO):	
HOURS SINCE LAST OVERHAUL:	
LAST OVER HAUL: MAJOR <input type="checkbox"/> TOP <input type="checkbox"/>	NOTE: Please submit a copy of your log book to substantiate T.B.O. and airframe hours.
TOTAL HOURS ON AIRFRAME AS OF JAN. 1:	
Is there anything functionally wrong with your aircraft? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide the Board of Assessors with information in order for them to make a proper assessment. (List Below)	NAME OF PURCHASER: _____ ADDRESS: _____ CITY, STATE, ZIP: _____ DATE SOLD: _____ SALE PRICE: _____ DESCRIPTION _____
If you sold or traded your aircraft and did not own on January 1, this year, this section should be completed in order for the items to be removed from your account. ➤	
If purchased used this year, list the name and address of the previous owner. ➤	NAME: _____ ADDRESS: _____ CITY, STATE, ZIP: _____
List anything functionally wrong with your aircraft: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	

**Fayette County, Georgia
Checklist of Required Documents**

*(Be Sure to Return This Checklist and the Required Documents in the order listed
below)*

**RFQ #1977-A: ANNUAL CONTRACT FOR PRINTING AND MAILING OF TAX
ASSESSMENT NOTICES**

Company information – on the form provided _____

Contractor Affidavit under O.C.G.A. § 13-10-91(b)(1) _____

Pricing sheet – on form provided _____

List of exceptions, if any – on the form provided _____

References – on form provided _____

Signed Addenda, if Any _____

COMPANY NAME: _____

COMPANY INFORMATION

RFQ #1977-A: ANNUAL CONTRACT FOR PRINTING AND MAILING OF TAX ASSESSMENT NOTICES

COMPANY

Company Name: _____

Physical Address: _____

Mailing Address (if different): _____

AUTHORIZED REPRESENTATIVE

Signature: _____

Printed or Typed Name: _____

Title: _____

Email Address: _____

Phone Number: _____ Fax Number: _____

PROJECT CONTACT PERSON

Name: _____

Title: _____

Office Number: _____ Cellular Number: _____

Email Address: _____

Contractor Affidavit under O.C.G.A. § 13-10-91(b)(l)

The undersigned contractor ("Contractor") executes this Affidavit to comply with O.C.G.A § 13-10-91 related to any contract to which Contractor is a party that is subject to O.C.G.A. § 13-10-91 and hereby verifies its compliance with O.C.G.A. § 13-10-91, attesting as follows:

- a) The Contractor has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program;
- b) The Contractor will continue to use the federal work authorization program throughout the contract period, including any renewal or extension thereof;
- c) The Contractor will notify the public employer in the event the Contractor ceases to utilize the federal work authorization program during the contract period, including renewals or extensions thereof;
- d) The Contractor understands that ceasing to utilize the federal work authorization program constitutes a material breach of Contract;
- e) The Contractor will contract for the performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the Contractor with the information required by O.C.G.A. § 13-10-91(a), (b), and (c);
- f) The Contractor acknowledges and agrees that this Affidavit shall be incorporated into any contract(s) subject to the provisions of O.C.G.A. § 13-10-91 for the project listed below to which Contractor is a party after the date hereof without further action or consent by Contractor; and
- g) Contractor acknowledges its responsibility to submit copies of any affidavits, drivers' licenses, and identification cards required pursuant to O.C.G.A. § 13-10-91 to the public employer within five business days of receipt.

Federal Work Authorization User Identification Number

Date of Authorization

Name of Contractor

#1977-A Annual Contract for Printing
and Mailing of Tax Assessment Notices
Name of Project

Fayette County, Georgia
Name of Public Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, _____, 20____ in _____ (city), _____ (state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____, 20____.

NOTARY PUBLIC

My Commission Expires: _____

**RFQ #1977-A: ANNUAL CONTRACT FOR PRINTING AND MAILING OF TAX
ASSESSMENT NOTICES**

PRICING SHEET

DESCRIPTION	ESTIMATED QUANTITY	UNIT PRICE EACH	EXTENDED TOTAL PRICE
ASSESSMENT NOTICE (REAL PROPERTY)	45,000 EACH	\$	\$
ASSESSMENT NOTICE (CONSERVATION)	700 EACH	\$	\$
ASSESSMENT NOTICE (PERSONAL PROPERTY)	2,000 EACH	\$	\$
PROPERTY TAX (FORM PT-50P)	4,800 EACH	\$	\$
PROPERTY TAX (FORM PT-50M)	400 EACH	\$	\$
PROPERTY TAX (FORM PT-50A)	300 EACH	\$	\$
FREEPORT EXEMPTION (FORM PT-50PF)	100 EACH	\$	\$

TOTAL (NOT INCLUDING POSTAGE)	\$
--------------------------------------	----

ESTIMATED POSTAGE	\$
--------------------------	----

NOT-TO-EXCEED TOTAL INCLUDING POSTAGE COSTS	\$
--	----

STATE # DAYS TO COMPLETE PERSONAL PROPERTY RETURNS _____ DAYS

STATE # DAYS TO COMPLETE ASSESSMENT NOTICES _____ DAYS

STATE PAYMENT TERMS, IF DIFFERENT THAN NET 30 DAYS _____
(As per General Terms and Conditions #14)

ALL APPLICABLE CHARGES SHALL BE INCLUDED IN YOUR TOTAL QUOTED
PRICES, INCLUDING POSTAGE, MAILING, SORTING, FORMS/PAPER,
ENVELOPES, PRINTING SETUP CHARGE, ETC.

COMPANY NAME _____

RFQ #1977-A: ANNUAL CONTRACT FOR PRINTING AND MAILING OF TAX ASSESSMENT NOTICES[illegible]

COMPANY NAME _____

REFERENCES

RFQ #1977-A: ANNUAL CONTRACT FOR PRINTING AND MAILING OF TAX ASSESSMENT NOTICES

Please list three (3) references of current or very recent customers who can verify the quality of service your company provides. Projects of similar size and scope are required.

REFERENCE ONE

Government/Company Name _____

City _____

Contact Person and Title _____

Email Address, if known _____

Phone _____ Contract Period _____

Scope of Work _____

REFERENCE TWO

Government/Company Name _____

City _____

Contact Person and Title _____

Email Address, if known _____

Phone _____ Contract Period _____

Scope of Work _____

REFERENCE THREE

Government/Company Name _____

City _____

Contact Person and Title _____

Email Address, if known _____

Phone _____ Contract Period _____

Scope of Work _____

COMPANY NAME _____