# WALLA WALLA COUNTY ASSESSOR

Byron Burres
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Walla Walla, WA 99362
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**DATE DUE**
**APRIL 30, 2024**
RCW 84.40.040

**2024** ASSESSMENT FOR
**2025** TAX YEAR

_____
_____
_____
_____

___ PARTNERSHIP ___ CORPORATION ___ SOLE OWNERSHIP

IF SOLE OWNER OF THIS REPORTED PROPERTY, ARE YOU

| | YES | NO |
|---|---|---|
| 1. The head of a family? | ____ | ____ |
| 2. Claiming this exemption in any other county? | ____ | ____ |

PERSONAL PROPERTY LOCATED AT: _____

**FAILURE TO RETURN THIS FORM BY THE DATE DUE WILL RESULT IN A 5% PENALTY FOR EACH MONTH UP TO 25%. WILLFUL FAILURE TO FILE AND RETURN FORM WILL RESULT IN A 100% PENALTY.**

AFFIDAVIT: I declare under penalties of perjury that this return (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct, and complete listing of all taxable personal property (including consigned merchandise and leased equipment) in WALLA WALLA COUNTY owned, held or controlled by me as of **JANUARY 1, 2024.**

**SIGN** _____ **DATE** _____
**SIGNATURE OF PERSONAL PROPERTY OWNER OR AGENT**

**PRINT** _____ **PHONE #**_____

**THIS LISTING AND STATEMENT CANNOT BE ACCEPTED BY THE ASSESSOR IF NOT SIGNED BY THE PROPERTY OWNER OR HIS/HER DULY AUTHORIZED AGENT.**

**Average Monthly Supplies and Materials $** _____

| **Description of equipment** | **Year Purchased** | **Cost** |
|---|---|---|
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