Name:_____ Acct No:_____

Bus Code: _____

Linda Sumner, Assessor
Raleigh County Assessor's Office
215 Main Street
Beckley WV 25801-4612
(304)255-9178
**www.raleighcountyassessor.com**

WV Code §11-3-2 requires all residents file a report of their personal and real property each year. **This assessment is based on property owned JULY 1, 2020.** This report should be reviewed and filed with the applicable changes as soon as possible after July 1, but **NO LATER THAN THE FIRST DAY OF OCTOBER.** Refer to in-structions, if enclosed, or contact your assessor's office if you need assistance in completing this form. **You may also file this form online @ www.raleighcountyassessor.com.** Filing late or failure to file may result in a $25 to $100 penalty.

Name: _____

_____

Mailing Addr:_____

City: _____

State: _____Zip: _____

I need to report an address change:

Mailing Addr: _____

City: _____

State: _____ Zip: _____

Tax District: _____ **Tax Year 2021**

Physical Addr: _____

Phone: _____

Spouse: _____

Email: _____

**SCHEDULE 1 ——————VEHICLES, BOATS, TRAILERS, ATV'S AND OTHER PERSONAL PROPERTY ——————**

List cars, trucks, vans, motorcycles (show cc's), scooters, 4-wheelers, UTV's, golf carts, campers, motor homes, boats & trailers, utility & other trailers, dozers, and backhoes. This includes unlicensed vehicles that you own. **(DO NOT LIST LEASED VEHICLES)** Vin #'s are required for accurate valuation. If you do not own any of the above write **NONE** below. Active military personnel should provide documentation of the status on July 1.

| TYPE | MAKE | MODEL | YEAR | VIN, MOTORCYCLES, ATV'S & UTV'S (CC'S) LENGTH, WIDTH OF BOATS & TRAILERS, CAMPERS RV'S | PURCHASE YEAR | PURCHASE COST | OWNERS VALUE |
|---|---|---|---|---|---|---|---|
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**All personal Property with multiple year license renewal must be reported on this form per WV State Code.**

**SCHEDULE 2 ——————MOBILE HOMES AND BUILDINGS ON LEASED LAND ——————**

MOBILE HOME TRADE NAME: _____ SIZE: _____

YEAR: _____ DOES OWNER LIVE HERE? YES____ NO____ IF NO WHO LIVES HERE?_____

NAME OF LANDOWNER OR PARK NAME _____ LOT # _____

DISTRICT _____ MAP_____ PARCEL _____

**Return as soon as possible or no later than October 1st!!**

**LIST IMPROVEMENTS TO MOBILE HOME:**

DECKS: sizes ____x_____ : _____x_____ : _____x_____

PORCHES: sizes ____x_____ : _____x_____ : _____x_____

GARAGE: sizes ____x _____

CARPORT: sizes ____x_____

STORAGE/OUTBUILDINGS: _____x_____ : _____x_____

ADDITIONS: _____x_____ : _____x_____

SKIRTING/UNDERPINNING: YES OR NO

**HOMESTEAD EXEMPTION**

IF YOU WILL BE 65 YEARS OF AGE OR OLDER, BEFORE JUNE 30TH OF THE NEXT YEAR, OR IF YOU ARE PERMANENTLY DISABLED, THEN YOU MAY FILE FOR THE HOMESTEAD EXEMPTION. SEPARATE APPLICATION MUST BE MADE TO THE COUNTY ASSESSOR NO LATER THAN DEC 1

**TAXPAYER'S SIGNATURE** _____ **DATE**_____ **(OVER)**

**SCHEDULE 3, 4, 5, 6 —————————————REAL ESTATE OWNED —————————————**

List Real Estate you owned on July 1. If you did not own any write **NONE**:

| Property address or ID | Owners Value | List use: Owner occupied/rental, or other (describe). | Land Use: Residential Farm or Commercial |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

**New Building or Improvements made to your property in the past 12 months:** **BUILDING PERMIT REQUIRED**

Including new houses, new structures, additions, or remodeling (describe): _____

_____

Total Cost $ _____

**Mobile Homes on your Land**

On July 1 were there any mobile homes or modular homes located on your land not owned by you? Yes or No If yes how many? _____

Land description: _____

MOBILE HOME OWNER'S NAME: _____ PHONE: _____

MOBILE HOME OWNER'S NAME: _____

**SCHEDULE 7**

| | | |
|---|---|---|
| ****** | COYOTE FUND FEE | ******* |
| ****** | LIST NUMBER OF SHEEP & GOATS FOR BREEDING AGE: SHEEP: ____ GOATS _____ | ******* |
| ****** | **PLEASE INCLUDE A $1.00 FEE FOR EACH HEAD WITH THIS COMPLETED FORM** | ******* |

**SCHEDULE 8 —————————————DOGS—————————————**

*****MAIL IN $3.00 FEE PER DOG WITH COMPLETED FORM*****

**Make all checks payable to Raleigh County Assessor**

If you already have tags do not list your dogs

OFFICE USE ONLY

| | Age | Name | Sex M/F | Hair Color | Hair Length (Short/Med/Long) | Breed | Fee | County Tag # | Date Processed |
|---|---|---|---|---|---|---|---|---|---|
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
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| 9 | | | | | | | | | |