



RESIDENTIAL PROPERTY OWNER STATEMENT OF SELF DECLARATION

| 1. TIN# | z. House #(If Applicable) | | | | | | |
|--|----------------------------|------------|-----------------------------------|--------------------------------------|--|--|--|
| | 3.0 | WNER AI | DDRESS | | | | |
| 4. PROPERTY OWNER'S NAME | Cou | nty | | Street | | | |
| Last Name | Dist | rict | | House # | | | |
| First Name | Tow | n/City | | Telephone # | | | |
| 5. DECLARED PROPERTY VALUE (USD OR ITS E | QUIVALE | ENT) | TAX RATE | TAX AMOUNT PER YEAR | | | |
| | | | X 0.25% = | | | | |
| DECLARED PROPERTY VALUE IS | | | THE RESIDENTIAL TA UAL TAX DUE | X RATE OF 0.25% | | | |
| LOCATION OF PROPERTY | JELWEINE I | IL ANI | JAL TAR DOL | | | | |
| County | | | Community | | | | |
| District | | | Street | | | | |
| Town/City | | | House # | | | | |
| Landmark (use recognized building in your area) |) | | | | | | |
| 7. PROPERTY DESCRIPTION | | | | | | | |
| Please Indicate number of each kind below | | | Please select relevant o | options below: | | | |
| Story(ies) | | FO | UNDATION | WALLS | | | |
| Bedroom | | | | | | | |
| Bathroom | | | ROOF | FLOOR | | | |
| Windows | | | | | | | |
| Porch | | W | VINDOWS | Other Description | | | |
| Garage | | | | | | | |
| Shop/Store | | | | | | | |
| 8. CARETAKER'S/OCCUPANT S NAME | 9. CONT | ACT | | | | | |
| | Telephor | ne #: | | | | | |
| | Email: | | | | | | |
| 10. DATE/YEAR OF CONSTRUCTION | | | | | | | |
| | | Damage: | | | | | |
| 12. SIGNATURE OF OWNER/CARETAKER & DAT | re | | | | | | |
| | | | | | | | |
| | | | | | | | |
| NOTE: Amount of declaration may be subject to review | . Significa | nt under-d | leclaration is subject to a | dditional assessment bill. Taxpayers | | | |

TAXES ARE ON JULY 1ST OF THE YEAR IN WHICH IT IS LEVIED.

| | | | PR | OP | ERTY | OWNE | R'S | SCHEDULE | | | | |
|--------------|-------------------|--------------------------|---------------|------------------------------|----------------|----------------|------------------------|-------------------------|-------------|-------------------------|-------------|--|
| NAME: | | HOME ADDRESS: | WORK ADDRESS: | | | | TELEPHONE #: | | | | | |
| | | | | | | | EMAIL ADDRESS: | | | | | |
| NO. LOCATION | | DESCRIPTION | AREA LOT NO. | CLASSIFICATION (CHECK BELOW) | | | ow) | PURCHASE/CONSTRUCTICOST | on ownershi | P TENANT (IF APPLICABLE | ANNUAL RENT | |
| 1. | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | |
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| 7. | | | | | | | | | | | | |
| 8. | | | | | | | | | | | | |
| 9. | | | | | | | | | | | | |
| 10. | | | | | | | | | | | | |
| 11. | | | | | | | | | | | | |
| 12. | | | | | | | | | | | | |
| 13. | | | | | | | | | | | | |
| 14. | | | | | | | | | | | | |
| 15. | | | | | | | | | | | | |
| 16. | | | | | | | | | | | | |
| 17. | | | | | | | | | | | | |
| 18. | | | | | | | | | | | | |
| 19. | | | | | | | | | | | | |
| | | you have more prope | | nber of s | paces provided | 1 | | 1 | | | | |
| State | e owner's name9s) | , if property is being l | eased by you | Si | gnature of pro | perty owner/LI | A | | Date | | | |
| | | | R | For Residential Building | | I | For Industrial Complex | FL | For Com | For Commercial Farmland | | |
| | | | | С | For Residen | tial Building | VL | For Vacant Land | | | | |
| THEIAU | y | | | | | | | | | | | |

Section 2004. Real Property Owners to file Schedules property. Every person who acquired title to real property subject to assessment and taxation the under chapter, within thirty days after the effective date of this Section or within thirty days after acquisition, as the case may be, shall file in the nearest LRA office where such property is located a correct and specific schedule of all such real property acquired by him. Such schedule shall contain a complete description of the real property, including in location, area lot number, designation, if any use classification and the actual consideration paid on its acquisition. This is the Law: failure to do so is punishable by 10% additional payment to be increased by 5% monthly Section 51 (b-1)

| | | | | PROPE | RTY LE | DGER C | ARD | | | | | |
|--|----------------|---------------------|---------------|---------------------------------------|--------------|---------------------|-------------|----------|---------|---------|---------|--|
| PROPERTY OWNER'S NAME(S) | | OWNER'S ADDRESS(ES) | | | | | | | | | | |
| | | | | COUNTY | | | CON | MUNITY | | | | |
| | | | | DISTRICT | | | STR | REET | | | | |
| | | | | TOWN/ | | | TEL | EPHONE # | | | | |
| | | - | | CITY | | | | | | | | |
| | ON OF PROPERTY | Y | | | | | | | | | | |
| COUNTY | | TOWN/CITY | | | | | | | | | | |
| DISTRIC | | | | COMMUNITY | | | | | | | | |
| | | | junction wher | e property is loca | ated) | | | | | | | |
| PROPER | TY DESCRIPTION | N | | | | | | | | | | |
| | | | | | DATE OF CON | STRUCTION/ ACQ | UISITION | | | | | |
| | | | | | ZONE NO. | | BLOCK NO. | | | | | |
| BILLING INFORMATION | | | | | | PAYMENT RECORD | | | | | | |
| YEAR | ASSESSED | TAX | AMOUNT | ARREARS | TOTAL TAX | BILLING DATE | AMOUN | T PAID | PAYMENT | RECEIPT | BALANCE | |
| | VALUE | RATE | OF TAX | | DUE | | | | DATE | NO. | DUE | |
| | | + | | <u> </u> | | | | | | | | |
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| | | + | | | | | | | | | | |
| | Pocti | (ENTATION O | HEOVI ICT | <u> </u> | NAME OF FIRE | A CIE A DDD A ISA I | elidateae i | D) | | | | |
| DOCUMENTATION CHECKLIST | | | | NAME OF FIRM (IF APPRAISAL SUBMITTED) | | | | | | | | |
| PROPERTY SCHEDULE SUBMITTED | | | | | | C | COMMENTS: | 1 | | | | |
| CERTIFIED DECLARATION SUBMITTED DECLARATION FORM FILLED | | | | | | | | | | | | |
| | TO OF PROPERT | | | | | | | | | | | |
| | -DECLARED | | | | | | | | | | | |