

# **STATE OF WYOMING**

**FORM ATD-25  
STATEMENT OF**

**MERCHANTS, MANUFACTURING, CONSTRUCTION,  
FARM EQUIPMENT, PROFESSIONAL**

**FOR ASSESSMENT YEAR JANUARY 1, \_ \_ \_ \_**

**Return to: Converse County Assessor  
P.O. Box 57  
Douglas, WY 82633**

## **FORM ATD-25**

### **INSTRUCTIONS FOR FILING OF THE STATEMENT OF PERSONAL PROPERTY**

(for MERCHANDISING, MANUFACTURING, CONSTRUCTION, FARM EQUIPMENT, PROFESSIONAL and other businesses)

A. List all furniture, fixtures, machinery and equipment.

**B. BUILDINGS**

List all portable structures such as skid mounted structures, manufactured/mobile homes, etc. Describe and indicate size, structure type, condition and age. Like units may be grouped under one description with the number of units indicated.

**C. MATERIALS AND SUPPLIES**

List all:

- Items held for consumption by a business
- Items that are warehoused or in a storage yard
- Items not held for re-sale (inventory)

Use additional attached sheets if more space is required.

**D. MISCELLANEOUS**

List any taxable items which are not included in any other area. Also include installed cost.

**E. LEASED EQUIPMENT**

List all leased furniture, fixtures, machinery and equipment. Use the appropriate section on the rendition. Fill in information pertaining to lessor. If more space is required use additional sheets. The information in this area is not included in your assessment.

**F. EXPENSED ITEMS**

List all Personal Property items that exist on January 1 and have been expensed in the business books.

**G. COMPLETED FORMS**

Type or print your name in the indicated blank and enter the county name where schedule will be reported. Sign your name in the signature blank, indicate your title and the date. Your signature is required to validate the report.



2. Leased Property (Provide Lessor's Name and Address Below)

Description	Make	Model	Year Built	Serial Number	Installed Cost	Date Acquired	New or Used	Condition	Official Use Only

3. Lessor's (Name and Address)

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

2. Leased Property (Provide Lessor's Name and Address Below)

Description	Make	Model	Year Built	Serial Number	Installed Cost	Date Acquired	New or Used	Condition	Official Use Only

3. Lessor's (Name and Address)

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

W.S. § 39-13-107 (a) (l): 'I, \_\_\_\_\_, the owner of (or agent, etc., as the case may be) do solemnly swear (or affirm) that the above and foregoing listed property is a full, true, correct and complete list of all property owned by me or under my control as agent or otherwise, and that I have not failed or neglected to list for taxation for the year, \_\_\_\_\_, all property of which I am the owner or of which I have control as agent, guardian, administrator or otherwise, in the county of \_\_\_\_\_, State of Wyoming, and that I have not connived at any violation or evasion of the requirements of law in relation to the assessment of property for taxation.

SIGN HERE \_\_\_\_\_  
 Authorized Signature Title Date

- 1. Only list property in one location on this form. Use additional sheets if required.
- 2. Include freight and installation costs. Do not report depreciated cost.