



*the  
mason county  
assessor*

Patti McLean  
Assessor

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*The following is an account setup form for new businesses to report Personal Property, pursuant to RCW 84.40.185.*

**NEW BUSINESS - ACCOUNT SETUP**

<input type="checkbox"/> This is a new business	Date Opened: ____/____/____ (mm/dd/yyyy)	<input type="checkbox"/> This is a new location for an existing business	Date Purchased: ____/____/____ (mm/dd/yyyy)	<input type="checkbox"/> This is a new owner of an existing business	Date Purchased: ____/____/____ (mm/dd/yyyy)
		Legal Entity (Please select one):			
		<input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Ownership* <input type="checkbox"/> Association <input type="checkbox"/> LLC, PLLC, etc <input type="checkbox"/> Organization <input type="checkbox"/> Claiming in another county <input type="checkbox"/> Other _____			
		*If Sole Ownership, complete the appropriate fields below for the Head of Household Exemption if applicable to your business.			

**BUSINESS INFORMATION**

Business Name	Attention	
Physical Address	City	
UBI No.	NAICS or Business Description	
Phone No.	Web Address	

**OWNER INFORMATION**

Last Name	First Name	M. I.
Mailing Address	State	ZIP
Phone No.	Email (address to contact regarding personal property account/listing)	

**HEAD OF HOUSEHOLD EXEMPTION**

If Sole Ownership of this reported property, are you:

- |   |  |
|---|--|
| 1. The head of a family?    Yes <input type="checkbox"/> No <input type="checkbox"/>                      | 3. A widow or widower?    Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| 2. Claiming this exemption in another county?    Yes <input type="checkbox"/> No <input type="checkbox"/> | 4. A citizen over 65 years of age with 10 years' continuous state residence?    Yes <input type="checkbox"/> No <input type="checkbox"/> |

**PERSONAL PROPERTY LISTING**

Business Assets (*Please attach additional pages if necessary*)

Average Monthly Supplies (Not held for sale or part of a finished product): \$ \_\_\_\_\_

Description of Equipment / Type	Acquisition Year	Original Cost (excluding sales tax)

Average Monthly Supplies (Not held for sale or part of a finished product): \$ \_\_\_\_\_

**PREPARER INFORMATION**

Name	Position
Email	Phone No.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_