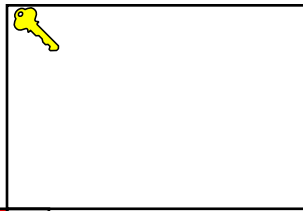


(Ref OTC Form)
FORM 901

FILE ONLINE <https://assessor.oklahomacounty.org>
BUSINESS PERSONAL PROPERTY RETURN
LARRY STEIN, OKLAHOMA COUNTY ASSESSOR
320 Robert S. Kerr - Oklahoma City, Ok 73102
(405) 713-1222 email: busperproperty@okcounty.org



TAX YEAR 2025

IMPORTANT: DELINQUENT PENALTIES AFTER MARCH 15, 2025

ACCOUNT # ? PIN # FREEPORT TAX DISTRICT IN-HOUSE

START HERE

OWNERS NAME _____
FED/STATE EMPLOYER ID # _____
TYPE OF BUSINESS _____
STANDARD INDUSTRIAL CODE
USABLE SQ/FT. _____ # OF UNITS _____
LOCAL TELEPHONE # _____
PHYSICAL LOCATION OF PROPERTY _____
START DATE AT THIS LOCATION? MM / YY
ARE YOU STILL AT THIS LOCATION?
Y N IF NO, **SEE PART VII ON BACK**
OTHER BUSINESS INCLUDED IN THIS RETURN?
Y N IF YES LIST: _____

Contact Person
Email Address: _____

PART 2 OKLAHOMA TAXABLE FIXED ASSETS BY YEAR ACQUIRED								
YEAR ACQ.	FURNITURE & FIXTURES		YEAR ACQ.	MACHINERY & EQUIPMENT <small>DO NOT INCLUDE LICENSED VEHICLES</small>		YEAR ACQ.	COMPUTER EQUIPMENT <small>DO NOT INCLUDE SOFTWARE</small>	
	PREVIOUS COST	ORIGINAL COST		PREVIOUS COST	ORIGINAL COST		PREVIOUS COST	ORIGINAL COST
2015 & BEFORE			2015 & BEFORE			2020 & BEFORE		
2016			2016			2021		
2017			2017			2022		
2018			2018			2023		
2019			2019			2024		
2020			2020			TOTAL COST		
2021			2021			YEAR ACQ.	TOOL & DIE	
2022			2022			2022 & BEFORE	PREVIOUS COST	ORIGINAL COST
2023			2023			2023		
2024			2024			2024		
TOTAL COST			TOTAL COST			TOTAL COST		

PART 3 INVENTORY	
Jan \$ (Begin)	_____
Feb \$	_____
Mar \$	_____
Apr \$	_____
May \$	_____
June \$	_____
July \$	_____
Aug \$	_____
Sept \$	_____
Oct \$	_____
Nov \$	_____
Dec \$ (End)	_____
Total \$	_____
(Sum all months)	
Average \$	_____
(Total divided by # of months)	

Scan the QR code below with your Smart Phone to access your account online.

TOTAL FIXED ASSETS: (Sum of Furniture, Machinery, Computers & Tooling)	
TOTAL FIXED ASSETS:	_____
FIXED ASSETS GRAND TOTAL + INV=	_____
For Taxpayer (* See Instructions) Fair Cash Value (Market): <input style="width: 100%;" type="text"/>	NC <input type="checkbox"/>
<i>(OFFICE USE ONLY)</i>	

PART 4 LEASEHOLD IMPROVEMENTS	
PREV. ORIGINAL COST	PREV. DEPRECIATION
LEASEHOLD NEW ACQ.	DEPRECIATION
TOTAL COST	TOTAL DEPRECIATION

	+
Plus Consignment/Floorplan	
LESS FREEPORT EXEMPTION	-
<small>(MUST FILE FORM 901-F)</small>	
TAXABLE INVENTORY	

PART 5 DISPOSALS LIST ANY DISPOSALS OF PROPERTY DURING 2024 ON REVERSE SIDE OF THIS FORM

I, _____ under penalties of perjury, do hereby depose and say that I am _____ of _____ Company; that as such I am acquainted with the books, accounts, and affairs of said company and know that the accompanying statement to be true, correct and complete, and that all information requested herein has been fully and correctly given to the best of my knowledge. (68 O.S. 1991 Section 2945 provides penalties for false oaths).

SIGN HERE	➔ _____ Signature of preparer if other than taxpayer	_____	Preparer's Name (Print)	(OFFICE USE ONLY)	
	➔ _____ Taxpayer's Signature	_____	Taxpayer Name (Print)		
	➔ _____ Audit Contact Person (Print)	_____	Phone Contact		
			PARCEL #		
			PENALTY	DEPUTY	
			1 2	DATE	

LISTING OF DISPOSALS OF PROPERTY DURING 2024
 REMOVE THE ASSETS ORIGINAL COSTS FROM FRONT SIDE OF THIS FORM



PART 5 List Below: Assets Sold, Scrapped, Transferred or otherwise Disposed of in 2024

FURNITURE & FIXTURE DISPOSALS	YEAR ACQUIRED	ORIGINAL COST (NOT BOOK VALUE)
Description:		
TOTAL		

MACHINERY & EQUIPMENT DISPOSALS	YEAR ACQUIRED	ORIGINAL COST (NOT BOOK VALUE)
Description:		
TOTAL		

COMPUTER EQUIPMENT DISPOSALS	YEAR ACQUIRED	ORIGINAL COST (NOT BOOK VALUE)
Description:		
TOTAL		

LEASEHOLD IMPROVEMENT DECREASES	YEAR ACQUIRED	ORIGINAL COST (NOT BOOK VALUE)
Description:		

PART 6 STATEMENT OF LEASED EQUIPMENT – AS OF JANUARY 1, 2025 TO BE COMPLETED BY LESSEE ONLY

FULL NAME & ADDRESS OF OWNER OF EQUIPMENT	QUANTITY & DESCRIPTION OF EQUIPMENT	ORIGINAL COST

PART 7 BUSINESS CLOSED, SOLD, OR MOVED

WHAT WAS THE PROPERTY LOCATION JANUARY 1, 2025? _____

DO YOU STILL OWN THE BUSINESS PERSONAL PROPERTY? Y N

IF YES, COMPLETE FRONT SIDE OF THIS FORM. PURCHASED BY: NAME: _____

IF NO, DATE SOLD ____ / ____ / ____ ADDRESS: _____

Phone # () -

(OFFICE USE ONLY)