ACCT

TAX YEAR: 2026

CHRISTA R KINSEY ASSESSOR TAYLOR COUNTY ASSESSOR'S OFFICE 214 W MAIN STREET ROOM 107 GRAFTON, WV 26354 3042652420

TAYLOR COUNTY, WEST VIRGINIA INDIVIDUAL PERSONAL PROPERTY

BUSINESS CODE:

AND REAL ESTATE REPORT (PROPERTY OWNED ON JULY 1, 2025) THE LAW PROVIDES THAT EVERY PERSON LIABLE TO TAXATION SHALL MAKE A REPORT IN WRITING TO THE ASSESSOR OF THEIR PROPERTY WHETHER CALLED UPON BY THE ASSESSOR OR NOT. 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.

NAME:	REFER TO INSTRUCTIONS, IF END	LOSED, OR CONTACT YOUR ASSESSOR'S
	OFFICE IF YOU NEED ASSISTANCE	IN COMPLETING THIS FORM.
ADDR:	FILING LATE OR FAILURE TO FIL	E MAY RESULT IN A \$25.00 TO \$100.00
CITY:	PENALTY.	
STATE:ZIP:		
	ACCOUNT #:	
	PHYSICAL ADDR:	
CHANGE OF ADDR:	TAX YEAR:	2026 BASED ON JULY 1, 2025
	TAX DISTRICT:	
EMAIL	PHONE:	CELL:
	SS #:	(OPTIONAL)

------ VEHICLES, BOATS, BOAT MOTORS, AIRCRAFT, ATVS AND OTHER PERSONAL PROPERTY -------LIST CARS, TRUCKS, VANS, MOTORCYCLES(SHOW CCS), SCOOTERS, MOBILE CAMPERS, MOTOR HOMES, AIRCRAFT, BOATS AND TRAILERS, UTILITY TRAILERS, DOZERS, BACKHOES, WELDERS, RECREATIONAL 4-WHEELERS, SHOW OR RACE HORSES, SHOW OR RACE DOGS ETC. INCLUDE UNLICENSED VEHICLES. (DO NOT LIST LEASED VEHICLES) VIN IS REQUIRED FOR ACCURATE VALUATION. IF YOUR DOMICILE IS WV AND YOU ARE ACTIVE DUTY STATIONED OUTSIDE WV AND YOUR VEHICLES ARE IN YOUR POSESSION YOU MAY QUALIFY FOR AN EXEMPTION OF ONE VEHICLE. A COPY OF YOUR MILITARY ORDERS MUST BE ATTACHED TO THIS FORM. *OLDER VEHICLES MAY REQUIRE A PHOTO AS OF JULY 1, 2025

TYPE	MAKE	MODEL	YEAR		MOTORCYCLE RV, BOATS		PURCHASE COST	OWNER'S Value	ASSESSOR USE
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*** ALL	PERSONAL PRO						RM PER WV S		

ALL PERSONAL PROPERTY WITH HOLFT								
SCHEDULE 2	MOBILE HOMES	S AND CABINS	- MORE	THAN 1	ATTACH LI	ST		
MOBILE HOME TRADE NAME		ACCOUNT	ID	SIZE	YEAR	PERMIT#	USED	FOR
							RESIDENCE	OR RENTAL
IMPROVEMENTS TO MOBILE HOME:		OW	NER'S VA	LUE		_ASSESSOR'S	VALUE	
NAME OF LANDOWNER				PHONE	NUMBER:_			
CABIN SIZE:	EAR BUILT:			OWNE	R VALUE:_	·		

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

AXPAYER'S SIGNATURE	DATE	(SEE REVERSE OR NEXT PAGE)
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TAX DISTRICT: ------ LIST OF REAL ESTATE OWNED -----SCHEDULE 3 DISTRICT, MAP & PARCEL # BUILDING USED FOR: LAND USED FOR: OWNER'S VALUE (FROM YOUR TAX TICKET) FARM, COMMERCIAL PRIMARY RESIDENCE, SECOND HOME, OR RENTAL OR RESIDENTIAL LAND BUILDING (LIST USE) (LIST USE) SCHEDULE 4 ------ NEW BUILDINGS, STRUCTURES, ADDITIONS, DELETIONS AND REMODELING --------CONSTRUCTED ON YOUR PROPERTY DURING THE PAST 12 MONTHS BUILDING PERMIT MAY BE REQUIRED TOTAL COST \$ ______ DESCRIBE (GARAGE, PORCH, ETC) _____ WHICH TRACT OF LAND_____ SCHEDULE 5 ON JULY 1, WERE THERE ANY MOBILE HOMES OR CABINS NOT OWNED BY YOU LOCATED ON YOUR LAND? (IF MORE THAN 2, ATTACH LIST) ____ IF YES,GIVE NUMBER:_____ AND COMPLETE SCHEDULE BELOW. IF NONE, WRITE NONE:____ DISTRICT : _______ MAP :______ PARCEL : ______SUB PARCEL: ____ _____PHONE NUMBER: ___ MOBILE HOME OR CABIN OWNER'S NAME __ MOBILE HOME OR CABIN OWNER'S NAME ______PHONE NUMBER: _____ SCHEDULE 6 IF YOU DO NOT OWN A HOME AND YOU RENT, WHO IS YOUR LANDLORD? DISTRICT : ______ MAP :_____ PARCEL : ______SUB PARCEL: ____ IF YOU ARE BUYING PROPERTY ON A LAND CONTRACT WHO IS THE SELLER? ARE YOU LIVING ON THIS PROPERTY? YES_____ NO____ ______ MAP :______ PARCEL : ______SUB PARCEL: ____ DISTRICT : _ PLEASE NOTE THAT WV CODE 11-3-9 WAS AMENDED EFFECTIVE JANUARY 1, 2007 FOR TAX YEAR 2008 TO EXEMPT CLASS 1 PERSONAL PROPERTY EXCLUSIVELY IN AGRICULTURE TO INCLUDE VEHICLES THAT QUALIFY FOR A FARM USE EXEMPTION CERTIFICATE, FARM MACHINERY AND EQUIPMENT, LIVESTOCK AND PRODUCTS OF AGRICULTURE WHILE IN THE HANDS OF THE PRODUCER. COYOTE FUND FEE ***** PLEASE INCLUDE A \$1.00 FEE FOR EACH HEAD WITH THIS COMPLETED FORM GOATS ___ ***** LIST NUMBER OF SHEEP AND GOATS OF BREEDING AGE: SHEEP _____ SCHEDULE 8 ------ DOGS ------ DOGS ------*** MAIL IN FEE WITH COMPLETED FORM *** OFFICE USE ONLY SEX HAIR COLOR HAIR LENGTH BREED FEE COUNTY MUNICIPAL# AGE NAME (M OR F) (SHORT, MED, LONG) TAG# 1. ____