

Use For All Types of Taxable Personal Property Including Taxable Agribusiness Equipment and Leased Property. Do Not Use for Natural Resources and Oil and Gas Properties. This schedule must be filed regardless if any additions or deletions are made.

DUE DATE APRIL 15, 2026
FOR ASSESSMENT YEAR BEGINNING JANUARY 1, 2026

General Information

(Declaration Schedules and Attachments Are Confidential And Private Documents By Law.)

For these instructions, please refer to the following statutes: §§ 39-3-102, 39-3-118.5, 39-3-119.5, 39-5-104.5, 39-5-104.7, 39-5-107, 39-5-108, 39-5-108.5, 39-5-110, 39-5-113 through 117, 39-5-120, and 39-21-113(7), C.R.S.

In accordance with § 39-3-119.5, C.R.S., you are not required to file this declaration if the total actual value of your personal property per county is \$56,000 or less.

If you are unsure as to whether the total actual value of your personal property per county exceeds \$56,000, please contact the county assessor.

WHO FILES A DECLARATION SCHEDULE? The owner (legal titleholder) of taxable personal property, their agent, and those in possession and/or control of the taxable personal property as of January 1 must file a declaration schedule. All personal property, such as a business/organization's: ■ Equipment ■ Security Devices ■ Machinery ■ Household Furnishings ■ Personal Effects, not otherwise exempt by law, must be listed on this schedule.

IS YOUR BUSINESS NEW? ARE YOU A NEW OWNER? If you answer "yes" to either question, or you have never filed with the county assessor and you own taxable personal property, you are required to provide a **complete detailed listing** of all machinery, equipment, and other personal property with an original installed cost over **\$350**. Please include:
■ Item ID Number ■ Property Description ■ Model Number ■ Year Acquired ■ Original Installed Cost to You.

PRORATION OF PERSONAL PROPERTY VALUE IS GENERALLY NOT ALLOWED.

As of January 1, 1996, the only proration of personal property value allowed is for Works of Art loaned to and used for charitable purposes by an exempt organization. If other taxable personal property was located in Colorado on the assessment date, it is taxable for the entire assessment year, providing that, if it was newly acquired, it was put into use as of the assessment date (January 1). If it was not located in the state on the assessment date, or if it was newly acquired, but was not put into use as of the assessment date, it cannot be taxed until the next assessment year. Except for works of art, personal property that is exempt on the assessment date retains its exempt status for the entire assessment year. These requirements do not affect the proration of real property.

WHEN DO YOU FILE? This form must be received by the county assessor by the April 15 deadline **EVERY YEAR**.

HOW DO YOU FILE FOR AN EXTENSION? You may extend the deadline if, by April 15, the assessor receives your written request AND \$20 for a 10-day extension, or \$40 for a 20-day extension. This extension applies to all personal property schedules (single or multiple) which a person is required to file in the county.

WHAT HAPPENS IF YOU FAIL TO FILE? The late filing penalty is **\$50 or 15% of the taxes due**, whichever is less. If you fail to file a schedule, the assessor shall determine a valuation based upon the **BEST INFORMATION AVAILABLE** and **shall add a penalty of up to 25% of assessed value for any omitted property** discovered and valued later.

NOTE: Failure to properly file a declaration schedule may prevent you from receiving an abatement per Colorado case law. *Property Tax Adm'r v. Production Geophysical, 860 P.2d 514 (Colo. 1993)*

WHY IS THE DECLARATION FORM IMPORTANT? Assessors use this information to help calculate the property's actual value. This value is based on the property's use and condition as of January 1 of each assessment year.

WHAT HAPPENS AFTER YOU SUBMIT THIS FORM?

- The assessor may request more information or conduct a physical inventory of your personal property at your business location.
- Notices of Valuation are mailed on June 15 to the address listed on this schedule.

INSTRUCTIONS FOR COMPLETING THE PERSONAL PROPERTY DECLARATION SCHEDULE DS 056

A. **NAME AND MAILING ADDRESS:** Write any corrections to the preprinted name/address information. If you are not the current business owner, please list the name and address of the new owner in the appropriate box. Also, list the date that the property was sold to the new owner.

BUSINESS NAME AND PHYSICAL LOCATION: If not preprinted, provide the: Business Name Actual Physical Location of the Personal Property Change in Physical Location, If Applicable Additional Property Location Changes, If Applicable List of Locations Where Other Personal Property Is Owned.

B. **BUSINESS:** Provide your business start-up date, the square footage your business occupies and the primary product or service that you provide.

C. **BUSINESS STATUS:** Check the appropriate boxes for your business status and indicate the date of any change in the property's location from the prior year. **The assessor may select your business for an audit whether or not you file a declaration schedule.**

D. **ITEMIZED LISTING OF PERSONAL PROPERTY:** “Personal property” means everything that is the subject of ownership and that is not included within the term ‘real property’. ‘Personal property’ includes machinery, equipment, and other articles related to a commercial or industrial operation that are either affixed or not affixed to the real property for proper utilization of such articles. . . .” § 39-1-102(11), C.R.S. Regardless of whether property is affixed to a building, it is personal property if it is used for the purpose of a commercial or industrial operation and not for the enhancement of the real property. Do not report licensed vehicles in this section.

PERSONAL PROPERTY INCLUDES:

- All Residential Household Furnishings Producing Income
- Equipment, Furniture, and Machinery Used by These Businesses: Commercial, Industrial, and Natural Resource
- Taxable Personal Property Used As Part of an Agribusiness, that does not qualify as agricultural, pursuant to, § 39-1-102 (1.6)(a), C.R.S.
- Expensed Assets With a Life of Greater Than One Year
- Fully Depreciated Assets Still In Use
- Assets in Storage
- Leasehold Improvements

“CONSUMABLE” PERSONAL PROPERTY EXEMPT FROM TAXATION: Pursuant to § 39-3-119, C.R.S., personal property classified as “consumable” as defined in ARL Volume 5, Chapter 7, is exempt from taxation and should NOT be listed on this declaration. “Consumable” personal property is defined as any asset having a life of one (1) year or less regardless of cost, and any asset with a life longer than one year that has a reasonable original installed cost or market value in use of \$350 or less at the time of acquisition. The \$350 limitation applies to personal property that is completely assembled and ready to perform the end user’s intended purpose(s) and it includes all acquisition costs, installation costs, sales/use taxes and freight expenses.

IMPORTANT: YOU MUST SUBMIT A COMPLETE PROPERTY LISTING IF YOU HAVE NOT PROVIDED ONE FOR THIS LOCATION. Do not list merchandise inventory, materials, or supplies. Do list all other personal property acquired by you prior to January 1. If you have given the assessor such a list, you may simply submit additions and deletions each year.

1. List **all** taxable personal property acquired by you prior to January 1, providing: Item ID Number Quantity Complete Property Description Including Model Number or Capacity Year Acquired If the Item is New or Used Original Installed Cost to You (Current Owner) The Month and Year Each Item was First Placed into Service or is Scheduled to be Placed into Service. You should separately submit any available market value, rent, or lease information. The Original Installed Cost to You is defined as the amount that was paid for the personal property when new inclusive of Sales/Use Tax Freight and Installation Charges. If the item was purchased used, include its Cost to You along with Sales/Use Tax, Freight, and Installation Charges.
2. List **all** taxable personal property sold, traded, or scrapped prior to January 1 of the current year. For all items deleted, provide: Item ID Number Quantity Property Description Including Model Number or Capacity Year Acquired If the Item is New or Used Original Installed Cost to You (Current Owner).

E. **MOBILE EQUIPMENT:** Complete this section if there is any mobile equipment at this location. Check the box(es) if the listed mobile equipment is licensed or Z-tabbed. Attach a separate list if necessary.

F. **GENERAL LEDGER:** Extract your original installed cost information for all personal property items from your accounting records. You may submit general ledger information in lieu of completing this section.

G. **FULLY DEPRECIATED ASSETS / EXPENSED PERSONAL PROPERTY:** List all personal property assets that have been fully depreciated or expensed, but are still used. This includes all property with an original cost over \$350. Attach a separate list if necessary.

H. **LEASED, LOANED, OR RENTED PROPERTY:** All personal property leased, loaned, or rented to you must be listed in this section. Property rented 30 days at a time or less, returned at the renter’s option, and for which sales/use tax is collected before it is finally sold is considered exempt and should NOT be reported. You must identify each item of leased, loaned, or rented personal property as follows: Owner’s/Lessor’s Name, Address, and Telephone Number Property Description Including Model, Serial Number, or Capacity Check New or Used Total Cost of the Lease to You Original Installed Cost Lease Number Lease Term (From-To) Total Amount of Annual Rent. If any of the leased equipment listed is capitalized on your books and records, please check the box at the beginning of the line corresponding with the name of the Lessor. Also, if purchase or maintenance options are included in the lease, check this box and provide details of these options on a separate sheet.

I. **RENEWABLE ENERGY PERSONAL PROPERTY:** Check the appropriate boxes regarding renewable energy property at this location. If the RENEWABLE PROPERTY IS OWNED BY YOU, RENEWABLE PROPERTY FORM DS 058 is required to be filed with the assessor.

J. **DECLARATION AND SIGNATURE:** Print the personal property owner’s Federal Employer Identification Number (FEIN) or Social Security Number (SSN). Print name of owner, name of person signing, phone number, and e-mail address. Then sign, date, and return this form to assessor by April 15th. § 39-5-107, C.R.S.

State of Colorado
DS 056 - Personal Property Declaration Schedule
Confidential

FOR ASSESSOR USE ONLY

Received: _____ Late Penalty _____
 Completed: _____ Y or N

B.A. Code	T.A. Code	Schedule/Acct#	Assessment Date	Due Date	RETURN TO COUNTY ASSESSOR
			1/1/2026	4/15/2026	Weld County
A. NAME AND MAILING ADDRESS (Indicate any changes or corrections)			BUSINESS NAME AND PHYSICAL LOCATION OF THE PERSONAL PROPERTY AS OF JANUARY 1, 2026		
B. BUSINESS: Start Up Date (at this location)		Square Footage the Business Occupies		Product or Service Provided	

C. BUSINESS STATUS: (Please check the appropriate boxes ONLY)

NOT CURRENT BUSINESS OWNER. If you are not the current business owner, check here and provide the name and address of the new owner: _____
 Date Sold: _____

NEW BUSINESS/ORGANIZATION. You must give a **complete itemized listing** of all personal property. Use the first part of Section D and attach separate sheet(s) if needed. **The assessor may select your business for an audit whether or not you file a declaration schedule.**

EXISTING BUSINESS/ORGANIZATION. Indicate any additions and/or deletions to your listing in Section D.

NEW OWNER OF PREVIOUSLY EXISTING BUSINESS/ORGANIZATION. You must give a complete itemized listing of all personal property acquired in a business purchase. Include additions made prior to Jan. 1 since that purchase.

AS OF JANUARY 1, DID YOUR BUSINESS CEASE OPERATIONS? Yes No

If yes, please complete: Personal Property Sold Personal Property Stored Date Sold/Stored _____

If sold, Selling Price of Furnishings, Assets, and Equipment Only: \$ _____

If sold, Name and Contact Information of New Owner of the Personal Property: _____ Phone Number _____

NOTE: If sold to more than one new owner, please attach a listing of the new owners.

PROPERTY CHANGED LOCATION TO _____ ON (DATE) _____

Is this personal property used in a CONTROLLED ENVIRONMENT AGRICULTURAL (CEA) Facility as defined in §39-1-102(3.3), C.R.S.? Yes No

By checking "Yes," you are affirming that the CEA Facility meets the requirements of §39-1-102(3.3), C.R.S., including the requirements that the facility optimizes hydroponics and that the sole purpose of the CEA Facility is to obtain a monetary profit from the wholesale of plant-based food for human or livestock consumption. Marijuana and other nonfood agricultural products do not qualify. If the crop grown in the CEA facility is hemp, you must also include a copy of a license to verify to the assessor that the crop is not marijuana.

D. ITEMIZED LISTING OF PERSONAL PROPERTY: FOR THE MOST ACCURATE ASSESSMENT, IT IS RECOMMENDED THAT YOU ATTACH A COMPLETE ITEMIZED ASSET LISTING WITH EACH BUSINESS PERSONAL PROPERTY DECLARATION FILING.

CHECK HERE IF THERE ARE NO CHANGES FROM LAST YEAR'S DECLARATION SCHEDULE INFORMATION.
 IF SO, GO DIRECTLY TO SECTION H. COMPLETE THE FORM, SIGN IT, AND RETURN FORM TO THE ASSESSOR.
 NOTE: DO NOT CHECK THIS BOX IF THIS IS A NEW BUSINESS OR ORGANIZATION.

If NO ADDITIONS, check here; otherwise, list all personal property acquired prior to January 1. Attach additional sheets if necessary.
 NOTE: Include ALL Expensed Assets with a Life of Greater Than 1 Year, Fully Depreciated Assets Still in Use, and Stored Assets.
Do not report licensed vehicles in this section.

Item ID#	Quantity	Description Including Model or Capacity	Year Acquired	New or Used (check only one)	Original Installed Cost	Mo & Yr First Placed into Service
				<input type="checkbox"/> New <input type="checkbox"/> Used	\$	
				<input type="checkbox"/> New <input type="checkbox"/> Used	\$	
				<input type="checkbox"/> New <input type="checkbox"/> Used	\$	
				<input type="checkbox"/> New <input type="checkbox"/> Used	\$	
				<input type="checkbox"/> New <input type="checkbox"/> Used	\$	

If NO DELETIONS, check here; otherwise, list all personal property sold, traded, or discarded prior to January 1. Attach separate sheet(s) if needed.

Item ID#	Quantity	Description Including Model or Capacity	Year Acquired	New or used (check only one)	Original Installed Cost
				<input type="checkbox"/> New <input type="checkbox"/> Used	\$
				<input type="checkbox"/> New <input type="checkbox"/> Used	\$

E. MOBILE EQUIPMENT: (Not leased, loaned or rented)

Check here and complete this section if there is any mobile equipment at this location.

Item ID #	Description / Model or Capacity	Licensed/ Z-Tab	Year Acquired	Check New or Used for Each Item	Your Original Installed Cost	Year in use
		<input type="checkbox"/>		<input type="checkbox"/> New <input type="checkbox"/> Used	\$	

F. GENERAL LEDGER: (Original installed costs only) DO NOT USE FISCAL YEAR BALANCES. Do not list mobile equipment with SMM license plates, rental decals, or Z-tabs. Please attach a copy of your general ledger. Supplying general ledger is not a substitute for an itemized listing of personal property.

General ledger	Furniture	Machinery & Equipment	Capitalized Mobile Equipment	Electronic Office Equipment	Computers	Signs	All Other

G. FULLY DEPRECIATED ASSETS / EXPENSED ITEMS: Attach a separate sheet including the appropriate Federal Forms denoting all fully depreciated assets and expensed items. If you have none, write "None."

Description	Year Acquired	Cost	Description	Year Acquired	Cost
1.		\$	4.		\$
2.		\$	5.		\$
3.		\$	6.		\$

H. LEASED, LOANED, OR RENTED PROPERTY: (Declare Property Owned by Others)

Did you have any leased, loaned, or rented machinery, equipment, furniture, signs, vending machines, etc., at this location on January 1?

Yes No

If you checked yes, list the items below, showing owner's name, address, and telephone number; property description; etc. If any of the leased equipment listed is capitalized on your books and records, please check the box at the beginning of the line corresponding with the name of the Lessor. If additional room is needed, attach a complete listing of all leased personal property. If you checked no, go to Section I to complete this form.

H.1. Personal Property								
Owner/Lessor's Name, Address, Telephone Number	Description Including Model/ Serial No. or Capacity		New or Used	Tot. Lease Cost	Orig. Inst. Cost	Lease Number	Term From -To	Annual Rent
<input type="checkbox"/>			<input type="checkbox"/> New <input type="checkbox"/> Used	\$	\$			\$
<input type="checkbox"/>			<input type="checkbox"/> New <input type="checkbox"/> Used	\$	\$			\$
H.2. Mobile Equipment								
<input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/> New <input type="checkbox"/> Used	\$	\$			\$
<input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/> New <input type="checkbox"/> Used	\$	\$			\$

If purchase or maintenance options are included in the total annual \$ rent shown above, check here and furnish details.

I. RENEWABLE ENERGY PROPERTY: (e.g., solar, wind, hydroelectric personal property) IS THERE ANY AT THIS LOCATION?

Yes No. IF YES, THE PROPERTY IS: Owned Leased. IF OWNED, COMPLETE THE DS 058 FORM.

J. DECLARATION: (THIS RETURN IS SUBJECT TO AUDIT)								
I declare, under penalty of perjury in the second degree, that this schedule, together with any accompanying exhibits or statements, has been examined by me and to the best of my knowledge, information, and belief sets forth a full and complete list of all taxable personal property owned by me, or in my possession, or under my control, located in this county, Colorado, on the assessment date of this year; that such property has been reasonably described and its value fairly represented; and that no attempt has been made to mislead the assessor as to its age, quality, quantity, or value." § 39-5-107(2), C.R.S.								
PROPERTY OWNER'S FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)/SOCIAL SECURITY NUMBER (SSN) _____								
NAME OF OWNER _____			PHONE NUMBER _____					
PRINT NAME OF PERSON SIGNING _____			FAX NUMBER _____					
E-MAIL _____			DATE _____					
SIGNATURE OF OWNER OR AGENT _____								
<input type="checkbox"/> Check here if new agent. If new agent, submit a letter of authorization when filing this form.								
PLEASE COMPLETE, SIGN AND RETURN TO THE ASSESSOR ON OR BEFORE APRIL 15, 2026.								