

## GENERAL INSTRUCTION SHEET

1. This report must be completed in proper form (typed or legibly printed) and must be **filed with the Comptroller of the Treasury on or before April 1, 2024**. **A copy should be retained in your files for future reference.**
  2. **ROUND ALL DOLLAR FIGURES TO WHOLE DOLLARS!**
  3. **NO SHEET OR SECTION SHOULD BE LEFT BLANK.** If a sheet or section does not apply to your company, indicate by placing the words “**inapplicable**” or “**none**”.
- INCOMPLETE REPORTS WILL BE RETURNED!**
4. **FAILURE** to file a complete report will result in a **FORCED ASSESSMENT**. Tennessee Code Annotated, Section 67-5-1317 states:
 

“The Owner of any such property refusing or failing to file such schedules and statements shall be deemed to have waived the mode and manner of ascertaining the value of such property, and of the distribution or allocation by the Comptroller of the Treasury of such valuation or assessment to the various counties and municipalities of the State of Tennessee for the purposes of county and municipal taxation, and shall not be permitted to be heard in opposition to the valuation fixed upon said property by the Comptroller of the Treasury, nor in opposition to the distribution or allocation of same by the Comptroller of the Treasury to the various counties and municipalities for the purposes aforesaid; and may, at the discretion of the Comptroller of the Treasury, in addition, be liable to a penalty of one hundred dollars (\$100) for each and every day which such owner is delinquent in filing said statement or schedule.” Failure to file a tax report could result in an audit under T.C.A. 67-5-1320.
  5. Supplemental information or schedules relating to full cash value of the respondent’s property can be submitted with this report for consideration in determination of value.
  6. **BL- 1** should be completed very carefully. It is necessary for you to furnish the Comptroller of the Treasury information pertaining to the company’s organization, legal status, and certain water transportation statistics.
  7. **BL- 2** requires a listing of all **BOATS owned, leased, or chartered** by your company.
  8. **BL- 3** requires a listing of all **BARGES owned, leased, or chartered** by your company.
  9. **BL- 4** requires a list of all real and personal property, other than line equipment, in **Tennessee**. Give the counties and cities where property is located; also give the **Gross** or **Undepreciated Cost** and your estimated cash value of the property.
  10. **BL- 5** requires a list of points of entry into Tennessee, and either points of exit from Tennessee or point in Tennessee where operations terminate for each river. List the total tons hauled and total trips made for each river. Provide the names of all ports served by your company in Tennessee. Additionally, provide the county name in which the port is located.
  11. **BL- 6** requires a listing of all purchases and sales of Tennessee real property occurring during the year 2023.

**GENERAL INSTRUCTION SHEET**  
**(continued)**

12. **BL- 7** requires a listing of all properties receiving tax incentives such as Pilot Agreements (PILOT) or property leased from an Industrial Development Board (IDB). Report each separate agreement subject to these incentives by populating each column with the pertinent data.
13. **BL- 8** requires a listing of all real property under construction. This listing will include all real property currently under construction or construction expected to be completed by September 1 of this year. Be sure to include the county and city where located, map reference and property owner, description of improvement, and the construction cost.
14. **IT IS IMPERATIVE THAT THE REPORT BE SIGNED. IF NOT, THE REPORT WILL BE RETURNED.**
15. **Any additional information, schedules, etc., provided by your company must be submitted on LETTER SIZE PAPER (8.5" x 11").**

**\*\*\*SPECIAL INFORMATION REQUEST\*\*\***

16. In an effort to assure property accountability compliance, please provide the Office of State Assessed Properties with documentation supporting entries on Page BL-1 of the Ad Valorem Tax Report for the following: **System Ton Miles, Tennessee Ton Miles, System Miles Traveled (BOATS ONLY), Tennessee Miles Traveled (BOATS ONLY), System Route Miles, and Tennessee Route Miles** as they apply to your company. In other words, show how the numbers are derived.

**\*\*\*For questions concerning Barge Lines contact Lurita Clay at 615-741-0148\*\*\***



# STATE OF TENNESSEE

## 2024

### AD VALOREM TAX REPORT



COMPANY NAME \_\_\_\_\_

STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 (PRINCIPAL OFFICE INFORMATION)

STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 (PRINCIPAL OFFICE INFORMATION IN TENNESSEE)

PHONE NUMBER ( ) \_\_\_\_\_ FAX NUMBER ( ) \_\_\_\_\_

COMPANY WEB SITE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

[www.comptroller.tn.gov/sap](http://www.comptroller.tn.gov/sap)

MAIL REPORT TO:

**COMPTROLLER OF THE TREASURY**  
**OFFICE OF STATE ASSESSED PROPERTIES**

Cordell Hull Building  
 425 Rep. John Lewis Way N.  
 Nashville, TN 37243-3400  
 (615) 741-0140 FAX (615) 741-0142

**\*\*This report must be filed with this office by April 1, 2024\*\***

1. Company Name \_\_\_\_\_

2. Principal Office Location \_\_\_\_\_  
Number & Street

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip

3. Is Company  **INDIVIDUAL?**  **PARTNERSHIP?**  **CORPORATION?**  **OTHER?**

4. If a **CORPORATION** or **OTHER** similar enterprise, supply the following information:  
 Under laws of what state organized \_\_\_\_\_ Date organized \_\_\_\_\_

List names and addresses of:

**PRESIDENT:** \_\_\_\_\_  
Name Number & Street City State Zip

**SECRETARY:** \_\_\_\_\_  
Name Number & Street City State Zip

**TREASURER:** \_\_\_\_\_  
Name Number & Street City State Zip

5. General manager's name & address: \_\_\_\_\_  
Name

\_\_\_\_\_ Number & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip

**WATER TRANSPORTATION STATISTICS**

- 1. (A) System Ton Miles for calendar year 2023 \_\_\_\_\_
- \* (B) Tennessee Ton Miles for calendar year 2023 \_\_\_\_\_
- 2. (A) System Miles Traveled (BOATS ONLY) for calendar year 2023 \_\_\_\_\_
- \* (B) Tennessee Miles Traveled (BOATS ONLY) for calendar year 2023 \_\_\_\_\_
- 3. (A) System Route Miles for calendar year 2023 \_\_\_\_\_
- \* (B) Tennessee Route Miles for calendar year 2023 \_\_\_\_\_
- 4. (A) Percentage of bulk commodities to total commodities for calendar year 2023 \_\_\_\_\_
- (B) Percentage of countable commodities to total commodities for calendar year 2023 \_\_\_\_\_

\*Use 1/2 of the miles on the Mississippi River between mile post 883 and mile post 715.

5. Special questions regarding this report should be directed to:  
 NAME: \_\_\_\_\_  
 TITLE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
Number & Street

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip

PHONE NUMBER: ( ) \_\_\_\_\_

FAX NUMBER: ( ) \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_







**ROUTE OR ROUTES OPERATED IN TENNESSEE  
DURING 2023**

<b>River</b>	<b>Mile Marker *From</b>	<b>Mile Marker *To</b>	<b>Percent of Operation On each River</b>	<b>Total Tons Hauled</b>	<b>Total Trips Made</b>
Mississippi	_____	_____	_____	_____	_____
Tennessee (West)	_____	_____	_____	_____	_____
Tennessee (East)	_____	_____	_____	_____	_____
Cumberland	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____

**Name of Port**

**County of Port**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**\*Note:** List point of entry into Tennessee and either point of exit from Tennessee or point in Tennessee where operations terminate.



**PURCHASES AND SALES OF TENNESSEE PROPERTY**

List all purchases and sales of Tennessee real property (including Telecommunications Towers) that occurred during the year 2023. Give all applicable information for each transaction separately. (You may copy pages as needed) Please **attach a copy of the warranty deed or sales contract.**

**PURCHASES**

**Date of Purchase:** \_\_\_\_\_

**County/City:** \_\_\_\_\_

**Assessor’s Tax Map & Parcel Number:** \_\_\_\_\_

**Purchase Price:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

Number & Street

City

State

Zip

**Description of Property:** \_\_\_\_\_

**Grantor (seller):** \_\_\_\_\_

**Type of Improvement:** \_\_\_\_\_

**SALES**

**Date of Sale:** \_\_\_\_\_

**County/City:** \_\_\_\_\_

**Assessor’s Tax Map & Parcel Number:** \_\_\_\_\_

**Sale Price:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

Number & Street

City

State

Zip

**Description of Property:** \_\_\_\_\_

**Grantee (buyer):** \_\_\_\_\_

**Type of Improvement:** \_\_\_\_\_





# OUT OF BUSINESS

IF COMPANY HAS GONE OUT OF BUSINESS

THIS FORM MUST BE PROPERLY FILLED OUT, SIGNED, NOTARIZED AND RETURNED TO:

COMPTROLLER OF THE TREASURY  
OFFICE OF STATE ASSESSED PROPERTIES  
CORDELL HULL BUILDING  
425 FIFTH AVENUE NORTH  
NASHVILLE, TN 37243-3400

I, \_\_\_\_\_, on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ declare that, to the best of my knowledge and belief, the information herein is true, correct, and complete.

- **Company Name** \_\_\_\_\_
- **Date operation ceased business** \_\_\_\_\_
- **Date of insurance cancellation** \_\_\_\_\_  
(Attach copy of insurance cancellation)
- **Date of cancellation (US DOT Number)** \_\_\_\_\_
- **Date of cancellation (FMCSA)** \_\_\_\_\_  
(You can log onto their website using their Pin# and cancel online or call (615)781-5781)
- **Date of cancellation (MC Number)** \_\_\_\_\_  
(If FMCSA is not notified by the insurance company when the insurance is terminated, the company will still appear as active in SAFER. Please ensure Motor Carrier Authority cancellation, or your company *will still* be assessed by the Office of State Assessed Properties)
- **How and when were assets disposed** \_\_\_\_\_  
(If sold, name and address of buyer)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## NOTARY ACKNOWLEDGEMENT

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

COMPANY OFFICIAL SIGNATURE

DATE

Sworn to and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

NOTARY

NOTARY SEAL

COMMISSION EXPIRES

**DATE:** \_\_\_\_\_

I, \_\_\_\_\_, being the OWNER, PRESIDENT,  
SECRETARY, AND/OR PARTNER OF \_\_\_\_\_, do hereby  
swear and affirm that the foregoing Ad Valorem Tax Report for the year two thousand twenty-  
four has been prepared from only the original books, papers, and records of said respondent  
under my direction in accordance with Tennessee Code Annotated, §67-5-1316, and is true  
and correct to the best of my knowledge and belief.

\_\_\_\_\_  
**NAME**

\_\_\_\_\_  
**OFFICIAL CAPACITY**