

COUNTY OF \_\_\_\_\_ North Carolina

## BUSINESS PERSONAL PROPERTY LISTING

FOR DEPARTMENT USE ONLY		ACCOUNT NUMBER	DATE	TWP	DISTRICT	CITY	PENALTY	VALUE
1	2	3	4	5	6	7		
8	B	D	E	F	TOTAL			

Business Legal Name or Individual's Name  
 \_\_\_\_\_  
 Trade Name or DBA  
 \_\_\_\_\_  
 Address  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

STANDARD INDUSTRIAL CLASSIFICATION CODE (SIC#)  
 \_\_\_\_\_  
 NAICS CODE  
 \_\_\_\_\_  
 DATE BUSINESS BEGAN IN THIS COUNTY  
 \_\_\_\_\_  
 DATE BUSINESS (FISCAL) YEAR ENDS  
 \_\_\_\_\_

FILL IN APPLICABLE CIRCLE:

PARTNERSHIP     SOLE PROPRIETORSHIP     UNINCORPORATED ASSOCIATION

CORPORATION     OTHER (SPECIFY) \_\_\_\_\_

OTHER N.C. COUNTIES WHERE PERSONAL PROPERTY IS LOCATED  
 \_\_\_\_\_

FILL IN APPLICABLE CIRCLE: BUSINESS CATEGORY

RETAIL     WHOLESALE     MANUFACTURING

SERVICE     LEASING/RENTAL     FARMING

OTHER (SPECIFY) \_\_\_\_\_

CONTACT PERSON FOR AUDIT: \_\_\_\_\_  
 ADDRESS & PHONE: \_\_\_\_\_  
 CONTACT PERSON FOR PAYMENT & PHONE: \_\_\_\_\_

IF OUT OF BUSINESS COMPLETE THIS SECTION

DATE CEASED: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_  
 REAL ESTATE OWNED BY: \_\_\_\_\_  
 NAME IN WHICH BUSINESS WAS LISTED LAST YEAR: \_\_\_\_\_  
 WHAT IS PRINCIPAL BUSINESS IN THIS COUNTY: \_\_\_\_\_

FILL IN APPLICABLE CIRCLE:

SOLD     CLOSED     BANKRUPT     OTHER

SOLD EQUIPMENT, FIXTURES, SUPPLIES TO  
 BUYER'S ADDRESS & PHONE: \_\_\_\_\_

**SCHEDULE A PERSONAL PROPERTY - SEE INSTRUCTIONS**

YEAR ACQUIRED	GROUP (1) MACHINERY & EQUIPMENT			
	PRIOR YR. COST	ADDITIONS	DELETIONS	CURR. YR. COST
2006				
2005				
2004				
2003				
2002				
2001				
2000				
1999				
1998				
1997				
1996				
1995				
1994				
1993				
1992				
1991				
PRIOR				
TOTAL				

YEAR ACQUIRED	GROUP (3) OFFICE FURNITURE & FIXTURES			
	PRIOR YR. COST	ADDITIONS	DELETIONS	CURR. YR. COST
2006				
2005				
2004				
2003				
2002				
2001				
2000				
PRIOR				
TOTAL				

YEAR ACQUIRED	GROUP (4) COMPUTER EQUIPMENT			
	PRIOR YR. COST	ADDITIONS	DELETIONS	CURR. YR. COST
2006				
2005				
2004				
2003				
PRIOR				
TOTAL				

**GROUP (2) CONSTRUCTION IN PROGRESS**

LIST TOTAL OF ALL PERSONAL PROPERTY EXPENDITURES IN CIP ACCOUNT ON JANUARY 1, BUT NOT INCLUDED ABOVE - ITEMIZE IN SCHEDULE G

TOTAL CIP: \$ \_\_\_\_\_

**DO NOT REMIT THIS FORM TO NC DEPARTMENT OF REVENUE**

County addresses and additional schedules are available at:  
<http://www.dor.state.nc.us/publications/property.html>

Send to appropriate county tax office.

**SCHEDULE A - CONTINUED**

**PERSONAL PROPERTY - SEE INSTRUCTIONS**

YEAR ACQUIRED	GROUP (5) LEASEHOLD IMPROVEMENTS				GROUP (7) SUPPLIES		COST
	PRIOR YR. COST	ADDITIONS	DELETIONS	CURR. YR. COST			
2006					1. OFFICE, MAINTENANCE, JANITORIAL, MEDICAL, DENTAL, BARBER AND BEAUTY SUPPLIES		
2005					2. FUELS HELD FOR CONSUMPTION		
2004					3. REPLACEMENT PARTS AND SPARE PARTS		
2003					4. RESTAURANT AND HOTEL ITEMS SUCH AS LINENS, CLEANING SUPPLIES AND COOKWARE NOT LISTED ELSEWHERE IN SCHEDULE A		
2002					5. RENTAL ITEMS NOT SOLD IN THE NORMAL COURSE OF BUSINESS AND NOT LISTED ELSEWHERE IN SCHEDULE A		
2001					6. ALL OTHER MISCELLANEOUS SUPPLIES NOT LISTED ABOVE		
2000					7. TOTAL		
1999							
1998							
1997							
1996							
1995							
1994							
1993							
PRIOR							
TOTAL							

  

YEAR ACQUIRED	GROUP (6) EXPENSED ITEMS <small>Capitalization Threshold →</small>				YEAR ACQUIRED	GROUP (8) OTHER - TO BE USED WITH COUNTY APPROVAL			
	PRIOR YR. COST	ADDITIONS	DELETIONS	CURR. YR. COST		PRIOR YR. COST	ADDITIONS	DELETIONS	CURR. YR. COST
2006					2006				
2005					2005				
PRIOR					2004				
TOTAL					2003				
					2002				
					2001				
					2000				
					1999				
					1998				
					1997				
					1996				
					1995				
					PRIOR				
					TOTAL				

**SCHEDULE B**

**VEHICULAR EQUIPMENT & MOBILE HOMES OR MOBILE OFFICES**

If you answer yes to any of questions 1-6 below, you must attach the appropriate Schedule which corresponds with the equipment type listed below. If you answer yes to any of questions 1,2, or 3 attach Schedule B-1, attach Schedule B-2 for watercraft, attach Schedule B-3 for Mobile Homes or Mobile Offices, and attach Schedule B-4 for aircraft. Indicate number of short-term rental vehicles owned for question 7.

- Does your business own any Unregistered Motor Vehicles?  YES  NO
- Does your business own any Multi-year or permanently registered Trailers?  YES  NO **If yes attach schedule**  B-1
- Does your business own any special bodies on vehicles?  YES  NO
- Does your business own any watercraft or engines for watercraft?  YES  NO **If yes attach schedule**  B-2
- Does your business own any Mobile Homes or Mobile Offices?  YES  NO **If yes attach schedule**  B-3
- Does your business own any Aircraft?  YES  NO **If yes attach schedule**  B-4
- Does your business own any vehicles held for short-term rental?  YES  NO **Number**

**SCHEDULE C**

**LEASED PROPERTY OR OTHER PROPERTY IN YOUR POSSESSION THAT IS OWNED BY OTHERS**

N.C.G.S. 105-315 AND 105-316 requires every person having custody of taxable tangible personal property that has been entrusted to him by another for any business purpose to furnish a separate list containing name, address and description of this property. If you answer yes to one of the following three questions or are otherwise required to supply this list, you must return the list or separate Schedule C-1 by January 15.

- Does your business hold any Leased Property, owned by another party (are you a lessee)?  YES  NO
- Do you have any property used by your business, or in your possession that is owned by others?  YES  NO
- Do you operate a mobile home park, campground, marina, aircraft storage facility or similar business?  YES  NO

**SCHEDULE D****SEPARATELY SCHEDULED PROPERTY**

1. Does your business own any artwork, displays, statues, or other personal property that is separately scheduled for insurance purposes?  YES  NO

Please describe the items and estimated value of items if applicable.

**SCHEDULE E****FARM EQUIPMENT**

Does your business own any tractors and/or other farm equipment?  YES  NO  Cost on schedule A

If so, list and attach separate schedule E-1. If listed by cost on Schedule A, indicate above but still include information on separate schedule E-1.

**SCHEDULE F****INTANGIBLE PERSONAL PROPERTY**

Do you lease or rent real property from exempt owners, such as a church, local, state or federal government, an airport authority, university, or other exempt owner?  YES  NO If yes, include lease information below. Attach additional schedule if necessary.

NAME AND ADDRESS OF OWNER	DESCRIPTION OF PROPERTY	DATE OF LEASE AND LEASE TERM	MONTHLY PAYMENT	ACCT. #

**SCHEDULE G****ACQUISITIONS AND DISPOSALS DETAIL**

Acquisitions and disposals detail of machinery, equipment, furniture and fixtures and computer equipment, and leasehold improvements in the prior year. If there is not enough room below, attach separate Schedule G-1.

ACQUISITIONS - ITEMIZE IN DETAIL	100% ORIGINAL COST	DISPOSALS - ITEMIZE IN DETAIL	YEAR ACQUIRED	100% ORIGINAL COST

**SCHEDULE H****REAL ESTATE IMPROVEMENTS**

During the past calendar year, did your business make improvements and/or other additions to real property, owned by your business? If yes, attach separate schedule H-1 with information on such improvements.  YES  NO

**AFFIRMATION****LISTING FORM MUST BE SIGNED BY A LEGALLY AUTHORIZED PERSON - SEE INSTRUCTIONS**

Under penalties prescribed by law, I hereby affirm that to the best of my knowledge and belief this listing, including any accompanying statements, inventories, schedules, and other information, is true and complete. (If this is signed by an individual other than the taxpayer, he affirms that he is familiar with the extent and true value of all the taxpayer's property subject to taxation in this county and that his affirmation is based on all the information of which he has any knowledge.)

Listing **MUST** be signed by the taxpayer, a principal officer of the taxpayer or a **FULL-TIME** employee of the taxpayer who has been officially empowered by the principal officer to list the property

Signature \_\_\_\_\_ Date \_\_\_\_\_

Preparer Other Than Taxpayer \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

Fax Number \_\_\_\_\_

Any individual who willfully makes and subscribes an abstract listing required by the Subchapter (of the Revenue Laws) which he does not believe to be true and correct as to every material matter shall be guilty of a Class 2 misdemeanor. (Punishable by imprisonment up to 60 days)