

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 \_\_\_\_\_

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

CONTACT PERSON FOR AUDIT \_\_\_\_\_

ADDRESS & PHONE \_\_\_\_\_

CONTACT PERSON FOR PAYMENT & PHONE \_\_\_\_\_

PHYSICAL ADDRESS \_\_\_\_\_

REAL ESTATE OWNED BY \_\_\_\_\_

NAME IN WHICH BUSINESS WAS LISTED LAST YEAR \_\_\_\_\_

WHAT IS PRINCIPAL BUSINESS IN THIS COUNTY \_\_\_\_\_

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) \_\_\_\_\_

**FILL IN APPLICABLE CIRCLE: BUSINESS CATEGORY**

RETAIL     WHOLESALE     MANUFACTURING

SERVICE     LEASING/RENTAL     FARMING

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

**IF OUT OF BUSINESS COMPLETE THIS SECTION**

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

**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				YEAR ACQUIRED	GROUP (3) OFFICE FURNITURE & FIXTURES			
	PRIOR YR. COST	ADDITIONS	DELETIONS	CURR. YR. COST		PRIOR YR. COST	ADDITIONS	DELETIONS	CURR. YR. COST
2009					2009				
2008					2008				
2007					2007				
2006					2006				
2005					2005				
2004					2004				
2003					2003				
2002					PRIOR				
2001					TOTAL				
2000									
1999									
1998									
1997									
1996									
1995									
1994									
PRIOR									
TOTAL									

  

YEAR ACQUIRED	GROUP (4) COMPUTER EQUIPMENT			
	PRIOR YR. COST	ADDITIONS	DELETIONS	CURR. YR. COST
2009				
2008				
2007				
2006				
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	1. OFFICE, MAINTENANCE, JANITORIAL, MEDICAL, DENTAL, BARBER AND BEAUTY SUPPLIES	2. FUELS HELD FOR CONSUMPTION	3. REPLACEMENT PARTS AND SPARE PARTS	4. RESTAURANT AND HOTEL ITEMS SUCH AS LINENS, CLEANING SUPPLIES AND COOKWARE NOT LISTED ELSEWHERE IN SCHEDULE A	
2009					5. RENTAL ITEMS NOT SOLD IN THE NORMAL COURSE OF BUSINESS AND NOT LISTED ELSEWHERE IN SCHEDULE A				
2008					6. ALL OTHER MISCELLANEOUS SUPPLIES NOT LISTED ABOVE				
2007					7. TOTAL				
2006					GROUP (8) OTHER - TO BE USED WITH COUNTY APPROVAL				
2005					YEAR ACQUIRED	PRIOR YR. COST	ADDITIONS	DELETIONS	CURR. YR. COST
2004					2009				
2003					2008				
2002					2007				
2001					2006				
2000					2005				
1999					2004				
1998					2003				
1997					2002				
1996					2001				
PRIOR					2000				
TOTAL					1999				
					1998				
					PRIOR				
					TOTAL				

  

YEAR ACQUIRED	GROUP (6) EXPENSED ITEMS				Capitalization Threshold
	PRIOR YR. COST	ADDITIONS	DELETIONS	CURR. YR. COST	
2009					
2008					
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 \* Please Note Modifications From Previous Years\*
- 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

**SCHEDULE I** **BILLBOARDS - OUTDOOR ADVERTISING STRUCTURES**

Does your business own any billboards - outdoor advertising structures?  YES  NO

If yes, attach separate Schedule I-1 with requested information.

**SCHEDULE J** **LEASED EQUIPMENT**

Does your business lease equipment to others?  YES  NO

If yes, attach separate Schedule J-1 with requested information.

**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)**