COUNTY OF _____ North Carolina

2018
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

PRINCIPAL BUSINESS IN THIS COUNTY

SIC # OR NAICS CODE

DATE BUSINESS BEGAN IN THIS COUNTY

DATE BUSINESS (FISCAL) YEAR ENDS

FILL IN APPLICABLE CIRCLE:

○ PARTNERSHIP ○ SOLE PROPRIETORSHIP ○ UNINCORPORATED ASSOCIATION
○ LLC
○ CORPORATION ○ OTHER (SPECIFY)

OTHER N.C. COUNTIES WHERE PERSONAL PROPERTY IS LOCATED

CONTACT PERSON FOR AUDIT

ADDRESS & PHONE

CONTACT PERSON FOR PAYMENT & PHONE

FILL IN APPLICABLE CIRCLE: BUSINESS CATEGORY

○ RETAIL ○ WHOLESALE ○ MANUFACTURING
○ SERVICE ○ LEASING/RENTAL ○ FARMING
○ OTHER (SPECIFY)

PHYSICAL ADDRESS

REAL ESTATE OWNED BY

NAME IN WHICH BUSINESS WAS LISTED LAST YEAR

NOTE: Business owners who acquired an existing business in the previous year must contact the county tax office for important listing instructions. Click on the link below for a list of county tax office phone numbers and addresses.

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

GROUP (1) MACHINERY & EQUIPMENT

YEAR ACQUIRED	PRIOR YR. COST	ADDITIONS	DELETIONS	CURR. YR. COST
2017				
2016				
2015				
2014				
2013				
2012				
2011				
2010				
2009				
2008				
2007				
2006				
2005				
2004				
2003				
2002				
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: $

GROUP (3) OFFICE FURNITURE & FIXTURES

YEAR ACQUIRED	PRIOR YR. COST	ADDITIONS	DELETIONS	CURR. YR. COST
2017				
2016				
2015				
2014				
2013				
2012				
2011				
PRIOR				
TOTAL				

GROUP (4) COMPUTER EQUIPMENT

YEAR ACQUIRED	PRIOR YR. COST	ADDITIONS	DELETIONS	CURR. YR. COST
2017				
2016				
2015				
2014				
PRIOR				
TOTAL				

DO NOT REMIT THIS FORM TO NC DEPARTMENT OF REVENUE

County addresses and additional schedules are available at:
http://www.dornc.com/downloads/property_listingform.html

Send to appropriate county tax office.

SCHEDULE A - CONTINUED

PERSONAL PROPERTY - SEE INSTRUCTIONS

YEAR ACQUIRED	GROUP (5) IMPROVEMENTS TO LEASED PROPERTY			
	PRIOR YR. COST	ADDITIONS	DELETIONS	CURR. YR. COST
2017				
2016				
2015				
2014				
2013				
2012				
2011				
2010				
2009				
2008				
2007				
2006				
2005				
2004				
PRIOR				
TOTAL				

YEAR ACQUIRED	GROUP (6) EXPENSED ITEMS Capitalization Threshold →			
	PRIOR YR. COST	ADDITIONS	DELETIONS	CURR. YR. COST
2017				
2016				
PRIOR				
TOTAL				

GROUP (7) SUPPLIES	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	
5. RENTAL ITEMS NOT SOLD IN THE NORMAL COURSE OF BUSINESS AND NOT LISTED ELSEWHERE IN SCHEDULE A	
6. ALL OTHER MISCELLANEOUS SUPPLIES NOT LISTED ABOVE	
7. TOTAL	

YEAR ACQUIRED	GROUP (8) OTHER - TO BE USED WITH COUNTY APPROVAL			
	PRIOR YR. COST	ADDITIONS	DELETIONS	CURR. YR. COST
2017				
2016				
2015				
2014				
2013				
2012				
2011				
2010				
2009				
2008				
2007				
2006				
PRIOR				
TOTAL				

SCHEDULE B

VEHICULAR EQUIPMENT & MOBILE HOMES OR MOBILE OFFICES

If you answer yes to any of questions 1-7 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, 3, or 4 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 8.

1. Does your business own any Unregistered Motor Vehicles? ○ YES ○ NO
2. Does your business own any Multi-year or permanently registered Trailers? ○ YES ○ NO **If yes attach schedule** ➡ B-1
3. Does your business own any special bodies on vehicles? ○ YES ○ NO
4. Does your business own any **IRP** (International Registration Plan) plated vehicles? ○ YES ○ NO
   NOTE: Effective January 1, 2014, IRP plated vehicles are required to be listed with the local county tax office as part of the business personal property listing form process, unless they are already being reported as part of your Public Service Valuation with the N.C. Department of Revenue.
5. Does your business own any watercraft or engines for watercraft? ○ YES ○ NO **If yes attach schedule** ➡ B-2
6. Does your business own any Mobile Homes or Mobile Offices? ○ YES ○ NO **If yes attach schedule** ➡ B-3
7. Does your business own any Aircraft? ○ YES ○ NO **If yes attach schedule** ➡ B-4
8. 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.**

1. Does your business hold any Leased Property, owned by another party (are you a lessee)? ○ YES ○ NO
2. Do you have any property used by your business, or in your possession that is owned by others? ○ YES ○ NO
3. 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, implements, bulk barns, 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 improvements to leased property 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?
If yes, attach separate Schedule I-1 with requested information. ○ YES ○ NO

SCHEDULE J — LEASED EQUIPMENT

Does your business lease equipment to others?
If yes, attach separate Schedule J-1 with requested information. ○ YES ○ NO

AFFIRMATION

LISTING MUST BE SIGNED BY A LEGALLY AUTHORIZED PERSON - Please check the capacity in which you are signing the affirmation.

For Individual Taxpayers: ☐ Taxpayer ☐ Guardian ☐ Authorized Agent ☐ Other person having knowledge of and charged with the care of the person and property of the taxpayer.

For Corporations, Partnerships, Limited Liability Companies, Unincorporated Associations:

☐ Principal Officer of the Taxpayer
Title _____

☐ Full-time employee of the taxpayer who has been officially empowered by a principal officer to list the property and sign the affirmation. Title _____

☐ Authorized agent. If this capacity is selected, I certify that I have NCDOR Form AV-59 on file for this taxpayer: ☐ Yes ☐ No

Under penalties prescribed by law, I affirm that to the best of my knowledge and belief this listing, including any accompanying statements, inventories, schedules, and any 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 of 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.)

_____ Signature _____ Date _____ Authorized Agent Address

_____ Telephone Number _____ Fax Number _____ Email Address

Any individual who willfully makes and subscribes an abstract listing required by the Subchapter II of Chapter 105 of the North Carolina General Statutes 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).

Name Account County Year

SCHEDULE A-1 ADDITIONAL SCHEDULES FOR MACHINERY & EQUIPMENT

YEAR ACQUIRED	GROUP (1) MACHINERY & EQUIPMENT			
	PRIOR YR. COST	ADDITIONS	DELETIONS	CURR. YR. COST
2017				
2016				
2015				
2014				
2013				
2012				
2011				
2010				
2009				
2008				
2007				
2006				
2005				
2004				
2003				
2002				
PRIOR				
TOTAL				

YEAR ACQUIRED	GROUP (1) MACHINERY & EQUIPMENT			
	PRIOR YR. COST	ADDITIONS	DELETIONS	CURR. YR. COST
2017				
2016				
2015				
2014				
2013				
2012				
2011				
2010				
2009				
2008				
2007				
2006				
2005				
2004				
2003				
2002				
PRIOR				
TOTAL				

YEAR ACQUIRED	GROUP (1) MACHINERY & EQUIPMENT			
	PRIOR YR. COST	ADDITIONS	DELETIONS	CURR. YR. COST
2017				
2016				
2015				
2014				
2013				
2012				
2011				
2010				
2009				
2008				
2007				
2006				
2005				
2004				
2003				
2002				
PRIOR				
TOTAL				

YEAR ACQUIRED	GROUP (1) MACHINERY & EQUIPMENT			
	PRIOR YR. COST	ADDITIONS	DELETIONS	CURR. YR. COST
2017				
2016				
2015				
2014				
2013				
2012				
2011				
2010				
2009				
2008				
2007				
2006				
2005				
2004				
2003				
2002				
PRIOR				
TOTAL				

Name Account County Year

SCHEDULE A-2 MULTIPLE YEARS SCHEDULE FOR MACHINERY & EQUIPMENT

YEAR ACQUIRED	GROUP (1) MACHINERY & EQUIPMENT				YEAR ACQUIRED	GROUP (1) MACHINERY & EQUIPMENT			
	PRIOR YR. COST	ADDITIONS	DELETIONS	CURR. YR. COST		PRIOR YR. COST	ADDITIONS	DELETIONS	CURR. YR. COST
2017					1991				
2016					1990				
2015					1989				
2014					1988				
2013					1987				
2012					1986				
2011					1985				
2010					1984				
2009					1983				
2008					1982				
2007					1981				
2006					1980				
2005					1979				
2004					1978				
2003					1977				
2002					1976				
2001					1975				
2000					1974				
1999					1973				
1998					1972				
1997					1971				
1996					1970				
1995					1969				
1994					1968				
1993					PRIOR				
1992					TOTAL				

Taxpayer Name _____ County _____ Year _____

SCHEDULE B-1 **UNREGISTERED MOTOR VEHICLES, TRAILER AND SPECIAL BODY INFORMATION**

YEAR	MAKE	MODEL	BODY/SIZE	TITLE #	VEHICLE ID. NUMBER (VIN)	SPEC. BODY COST	FOR OFFICE USE

Name _____ Account _____ County _____ Year _____

SCHEDULE B-2

WATERCRAFT AND ENGINES FOR WATERCRAFT

TYPE	YEAR/MAKE/MODEL	LENGTH/SIZE	REGIS. #	LOCATION	ENGINE TYPE	YEAR ACQUIRED/ ORIGINAL COST	FOR OFFICE USE
BOAT							
MOTOR		HP					
BOAT							
MOTOR		HP					
BOAT							
MOTOR		HP					
BOAT							
MOTOR		HP					
BOAT							
MOTOR		HP					
BOAT							
MOTOR		HP					
BOAT							
MOTOR		HP					
BOAT							
MOTOR		HP					
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MOTOR		HP					
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MOTOR		HP					
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MOTOR		HP					
BOAT							
MOTOR		HP					
BOAT							
MOTOR		HP					
BOAT							
MOTOR		HP					
BOAT							
MOTOR		HP					
BOAT							
MOTOR		HP					
BOAT							
MOTOR		HP					

Name Account County Year

SCHEDULE B-3

MOBILE HOMES AND MOBILE OFFICES

YEAR	MAKE	WIDTH/LENGTH	VEHICLE ID. NUMBER(VIN)	LOCATION	YEAR ACQUIRED	ORIGINAL COST	FOR OFFICE USE

Name ______________________ **Account** ______________________ **County** ______________________ **Year** __________

SCHEDULE B-4

AIRCRAFT

YEAR	MAKE	MODEL	N NUMBER/TAIL NUMBER	LOCATION	YEAR ACQUIRED	ORIGINAL COST	FOR OFFICE USE

Name Account County Year

SCHEDULE C-1 **PROPERTY IN YOUR POSSESSION ON JANUARY 1 THAT IS OWNED BY OTHERS**

NAME AND ADDRESS OF OWNER	DESCRIPTION OF PROPERTY	DATE OF LEASE	MONTHLY PAYMENT	LENGTH OF LEASE	ACCOUNT OR LEASE NUMBER	SELLING PRICE NEW

Name Account County Year

SCHEDULE E-1

FARM EQUIPMENT - TRACTORS, IMPLEMENTS, BULK BARNS, ETC.

YEAR	DESCRIPTION OR MAKE	MODEL OR SERIES	GAS OR DIESEL	YEAR ACQUIRED	ORIGINAL COST	FOR OFFICE USE ONLY

Name Account County Year

SCHEDULE H-1

REAL ESTATE IMPROVEMENTS

LOCATION: PARCEL NUMBER IF KNOWN	BRIEF DESCRIPTION	CONSTRUCTION COST	% COMPLETE ON JAN. 1

Name Account County Year

SCHEDULE G-1

ACQUISITIONS AND DISPOSALS DETAIL

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

Name Account County Year

SCHEDULE I-1

BILLBOARDS - OUTDOOR ADVERTISING STRUCTURES

PANEL NUMBER	DOT PERMIT NUMBER	LOCATION	CITY/DISTRICT/NONE	BUILD DATE	CLASS AND TYPE	HAGL FEET	DISPLAY FACE SQ FT	ILLUMINATED? (Y or N)	ORIGINAL ELECTRONIC/DIGITAL BILLBOARD EQUIPMENT COST	COUNTY IDENTIFICATION NUMBER