

Account #	Federal ID	Business Begin Date	Business Year End	Cost Center	NAICS Code	Value

Business/Owner Name: _____ **Trade Name:** _____

Business Location: _____ **Select One:** Corp. LLP LLC Partnership Sole Prop

Business Telephone: _____ **Employees** (This location only): _____ F/T _____ P/T

Mailing Address: _____ **Contact Name:** _____

_____ **Contact E-mail:** _____

_____ **Telephone:** _____

COMPLETE IF BUSINESS HAS CLOSED: Date Sold: _____
Telephone: _____

New Owner's Name: _____
Address: _____

A SUPPLIES ON HAND JANUARY 1, 2023 AT COST

Office, Medical, Dental, Beauty, Maintenance, etc.* _____
Fuels of all kinds _____
Spare parts for equipment _____
Other supplies _____

Total \$ _____

*Rule: If actual supply inventory as of January 1 is unknown, report 1/12 of annual expenditure.

C PERSONAL PROPERTY – SEE INSTRUCTIONS

YEAR ACQUIRED	Group 1			
	COST	ADDITIONS	DELETIONS	TOTAL
2022				
2021				
2020				
2019				
2018				
2017				
2016				
2015				
2014				
2013				
2012				
2011				
2010				
2009				
2008				
2007				
PRIOR				
TOTAL				

YEAR ACQUIRED	Group 2			
	COST	ADDITIONS	DELETIONS	TOTAL
2022				
2021				
2020				
2019				
2018				
2017				
2016				
PRIOR				
TOTAL				

YEAR ACQUIRED	Group 3			
	COST	ADDITIONS	DELETIONS	TOTAL
2022				
2021				
2020				
2019				
2018				
PRIOR				
TOTAL				

B CIP (PLEASE ATTACH SCHEDULE)

Report 100% of cost of all personal property carried in a CIP account

as of January 1, 2023 \$ _____

YEAR ACQUIRED	Group 4			
	COST	ADDITIONS	DELETIONS	TOTAL
2022				
2021				
2020				
2019				
2018				
2017				
2016				
2015				
2014				
2013				
2012				
2011				
2010				
2009				
2008				
2007				
PRIOR				
TOTAL				

YEAR ACQUIRED	Group 5			
	COST	ADDITIONS	DELETIONS	TOTAL
2022				
2021				
2020				
2019				
2018				
2017				
2016				
2015				
2014				
2013				
2012				
2011				
2010				
2009				
2008				
2007				
2006				
2005				
2004				
2003				
2002				
PRIOR				
TOTAL				

* COMPLETE AND SIGN BACK OF FORM *

D	PROPERTY IN YOUR POSSESSION OWNED BY OTHERS (ATTACH SCHEDULE IF NECESSARY) IF LEASE HAS BEEN CAPITALIZED, SO INDICATE						
	<table style="width: 100%;"><tr><td style="width: 50%; vertical-align: top;">Owner/Lessor: _____ Mailing Address: _____ City, State, Zip: _____ Telephone: _____ Lease Account #: _____</td><td style="width: 50%; vertical-align: top;">Equipment Description: _____ Selling Price New: _____ <input type="checkbox"/> Capitalized Date of Lease: _____ Annual Rent: _____ Length of Lease: _____ Ending Date: _____</td></tr></table>	Owner/Lessor: _____ Mailing Address: _____ City, State, Zip: _____ Telephone: _____ Lease Account #: _____	Equipment Description: _____ Selling Price New: _____ <input type="checkbox"/> Capitalized Date of Lease: _____ Annual Rent: _____ Length of Lease: _____ Ending Date: _____				
Owner/Lessor: _____ Mailing Address: _____ City, State, Zip: _____ Telephone: _____ Lease Account #: _____	Equipment Description: _____ Selling Price New: _____ <input type="checkbox"/> Capitalized Date of Lease: _____ Annual Rent: _____ Length of Lease: _____ Ending Date: _____						
	<table style="width: 100%;"><tr><td style="width: 50%; vertical-align: top;">Owner/Lessor: _____ Mailing Address: _____ City, State, Zip: _____ Telephone: _____ Lease Account #: _____</td><td style="width: 50%; vertical-align: top;">Equipment Description: _____ Selling Price New: _____ <input type="checkbox"/> Capitalized Date of Lease: _____ Annual Rent: _____ Length of Lease: _____ Ending Date: _____</td></tr></table>	Owner/Lessor: _____ Mailing Address: _____ City, State, Zip: _____ Telephone: _____ Lease Account #: _____	Equipment Description: _____ Selling Price New: _____ <input type="checkbox"/> Capitalized Date of Lease: _____ Annual Rent: _____ Length of Lease: _____ Ending Date: _____				
Owner/Lessor: _____ Mailing Address: _____ City, State, Zip: _____ Telephone: _____ Lease Account #: _____	Equipment Description: _____ Selling Price New: _____ <input type="checkbox"/> Capitalized Date of Lease: _____ Annual Rent: _____ Length of Lease: _____ Ending Date: _____						
	<table style="width: 100%;"><tr><td style="width: 50%; vertical-align: top;">Owner/Lessor: _____ Mailing Address: _____ City, State, Zip: _____ Telephone: _____ Lease Account #: _____</td><td style="width: 50%; vertical-align: top;">Equipment Description: _____ Selling Price New: _____ <input type="checkbox"/> Capitalized Date of Lease: _____ Annual Rent: _____ Length of Lease: _____ Ending Date: _____</td></tr></table>	Owner/Lessor: _____ Mailing Address: _____ City, State, Zip: _____ Telephone: _____ Lease Account #: _____	Equipment Description: _____ Selling Price New: _____ <input type="checkbox"/> Capitalized Date of Lease: _____ Annual Rent: _____ Length of Lease: _____ Ending Date: _____				
Owner/Lessor: _____ Mailing Address: _____ City, State, Zip: _____ Telephone: _____ Lease Account #: _____	Equipment Description: _____ Selling Price New: _____ <input type="checkbox"/> Capitalized Date of Lease: _____ Annual Rent: _____ Length of Lease: _____ Ending Date: _____						
E	IMPROVEMENTS TO LEASED PROPERTY						
	<p>Total cost of all leasehold improvements made in 2022: \$ _____ Location of Improvements: _____</p> <p>Detailed description and cost of each improvement: _____ _____ _____</p>						
F	PERSON TO CONTACT FOR ADDITIONAL INFORMATION OR AUDIT						
	<p>Name: _____ Address: _____</p> <p>Company: _____</p> <p>Telephone: _____ Email: _____</p>						
G	AFFIRMATION - LISTING MUST BE SIGNED BY A LEGALLY AUTHORIZED PERSON – Please check the capacity in which you are signing the affirmation.						
	<p>For Individual Taxpayers: <input type="checkbox"/> Taxpayer <input type="checkbox"/> Guardian <input type="checkbox"/> Person having knowledge of and charged with the care of the taxpayer and property</p> <p><input type="checkbox"/> Authorized agent. If this capacity is selected, I certify that I have NCDOR Form AV-59 on file for this taxpayer: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>						
	<p>For Corporations, Partnerships, Limited Liability Companies, and Unincorporated Associations:</p> <p><input type="checkbox"/> Principal officer of the taxpayer <input type="checkbox"/> Full-time employee of the taxpayer officially empowered to list the property</p> <p>Title: _____ Title: _____</p> <p><input type="checkbox"/> Authorized agent. If this capacity is selected, I certify that I have NCDOR Form AV-59 on the file for this taxpayer: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>						
	<p>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 listing is signed by an individual other than the taxpayer, they affirm they are familiar with the extent and true value of all the taxpayer's property subject to taxation in this county and that their affirmation is based on all the information of which they have any knowledge.)</p> <table style="width: 100%;"><tr><td style="width: 33%; text-align: center;">_____ Signature</td><td style="width: 33%; text-align: center;">_____ Date</td><td style="width: 33%; text-align: center;">_____ Telephone Number</td></tr><tr><td style="text-align: center;">_____ Print Name</td><td colspan="2" style="text-align: center;">_____ Email Address</td></tr></table>	_____ Signature	_____ Date	_____ Telephone Number	_____ Print Name	_____ Email Address	
_____ Signature	_____ Date	_____ Telephone Number					
_____ Print Name	_____ Email Address						
	<p>Any individual who willfully makes and subscribes an abstract listing required by the Subchapter II of Chapter 105 of the NC General Statutes that they do not believe to be true and correct as to every material matter may be charged with a Class 2 misdemeanor.</p>						