



Wake County Tax Administration
301 South McDowell Street, Suite 3800
P.O. Box 2331
Raleigh, North Carolina 27602-2331

2024 BUSINESS PROPERTY LISTING

Due by: January 31, 2024

919-856-5400

wake.gov/tax

Account #	EIN	Business Begin Date	Business Year End	Location #	LLP	Value

Business/Owner Name: _____

Trade Name: _____

Business Location: _____

Business Type/NAICS: _____

Business Phone: _____

Select One: Corp. LLP LLC Partnership Sole Prop

Mailing Address: _____

Contact Name: _____

Contact Email: _____

Telephone: _____

Business Status (Complete if business was sold or closed)

☐ Sold ☐ Closed

New Owner Name: _____

Date: _____

Address: _____

Phone: _____

Email: _____

PERSONAL PROPERTY

Group 1

ACQUIRED	COST	ADDITIONS	DELETIONS	TOTAL
2023				
2022				
2021				
2020				
2019				
2018				
2017				
2016				
2015				
2014				
2013				
2012				
2011				
2010				
2009				
2008				
PRIOR				
TOTAL				

Group 4

ACQUIRED	COST	ADDITIONS	DELETIONS	TOTAL
2023				
2022				
2021				
2020				
2019				
2018				
2017				
2016				
2015				
2014				
2013				
2012				
2011				
2010				
2009				
2008				
PRIOR				
TOTAL				

Group 2

ACQUIRED	COST	ADDITIONS	DELETIONS	TOTAL
2023				
2022				
2021				
2020				
2019				
2018				
2017				
PRIOR				
TOTAL				

Group 5

ACQUIRED	COST	ADDITIONS	DELETIONS	TOTAL
2023				
2022				
2021				
2020				
2019				
2018				
2017				
2016				
2015				
2014				
2013				
2012				
2011				
2010				
2009				
2008				
2007				
2006				
2005				
2004				
2003				
PRIOR				
TOTAL				

Group 3

ACQUIRED	COST	ADDITIONS	DELETIONS	TOTAL
2023				
2022				
2021				
2020				
2019				
PRIOR				
TOTAL				

COMPLETE AND SIGN BACK OF FORM

SUPPLIES		CONSTRUCTION IN PROGRESS (CIP)	
If the actual supply inventory as of January 1, 2024 is unknown, report 1/12 of the actual annual expenditure. Cost of supplies on hand January 1, 2024, including (but not limited to): <ul style="list-style-type: none">Office, medical, dental, beauty, maintenance, etc.Fuels of all kinds, spare parts for equipmentExpensed items and other supplies		Report 100% of the total cost of all personal property carried in a CIP account as of January 1, 2024. A detailed report of the CIP cost must be sent to taxhelp@wake.gov	
Total Supplies		Total CIP	
LEASED PROPERTY (Attach additional page if necessary)			
Owner/Lessor: _____		Property Description: _____	
Mailing Address: _____		Selling Price New: _____ <input type="checkbox"/> Capitalized	
_____		Lease Begin Date: _____ Annual Rent: _____	
Telephone: _____		Lease End Date: _____ Lease Length: _____ Months	
Owner/Lessor: _____		Property Description: _____	
Mailing Address: _____		Selling Price New: _____ <input type="checkbox"/> Capitalized	
_____		Lease Begin Date: _____ Annual Rent: _____	
Telephone: _____		Lease End Date: _____ Lease Length: _____ Months	
Owner/Lessor: _____		Property Description: _____	
Mailing Address: _____		Selling Price New: _____ <input type="checkbox"/> Capitalized	
_____		Lease Begin Date: _____ Annual Rent: _____	
Telephone: _____		Lease End Date: _____ Lease Length: _____ Months	
LEASEHOLD IMPROVEMENTS (Attach additional page if necessary)			
Description		Year Acquired	Cost
_____		_____	_____
_____		_____	_____
_____		_____	_____
CONTACT FOR ADDITIONAL INFORMATION OR AUDIT			
Name: _____		Address: _____	
Firm: _____		_____	
Telephone: _____		Email: _____	
AFFIRMATION – MUST BE SIGNED BY A LEGALLY AUTHORIZED PERSON (Please check the capacity in which you are signing the affirmation)			
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			
<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			
For Corporations, Partnerships, Limited Liability Companies, and Unincorporated Associations:			
<input type="checkbox"/> Principal officer of the taxpayer <input type="checkbox"/> Full-time employee of the taxpayer officially empowered to list the property			
Title: _____		Title: _____	
<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			
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, signer affirms familiarity with the extent and true value of all the taxpayer's property subject to taxation in this county and that the affirmation is based on all the information of which the signer has any knowledge.			
Signature _____		Date _____	Telephone Number _____
Print Name _____		Email Address _____	
Any individual who willfully makes and subscribes an abstract listing required by Subchapter II of Chapter 105 of the NC General Statutes that is not believed to be true and correct as to every material matter, may be charged with a Class 2 misdemeanor.			