

FOR DEPARTMENT USE ONLY ==>>	ABSTRACT NUMBER	TAX DISTRICT	PENALTY	TOTAL ASSESSMENT
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PHYSICAL ADDRESS \_\_\_\_\_  
 REAL ESTATE OWNED BY \_\_\_\_\_  
 PRINCIPAL BUSINESS IN THIS COUNTY \_\_\_\_\_  
 STANDARD INDUSTRY CLASSIFICATION CODE(SIC#) \_\_\_\_\_  
 FED. ID# \_\_\_\_\_

LOCATION OF ACCOUNTING RECORDS \_\_\_\_\_  
 DATE BUSINESS BEGAN IN THIS COUNTY \_\_\_\_\_  
 DATE BUSINESS (FISCAL) YEAR ENDS \_\_\_\_\_  
**CHECK ONE:** CORPORATION \_\_\_ SOLE PROPRIETORSHIP \_\_\_ PARTNERSHIP \_\_\_  
 UNINCORPORATED ASSOCIATION \_\_\_ OTHER (SPECIFY) \_\_\_\_\_

Name \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_



**CHECK BUSINESS CATEGORY:** RETAIL \_\_\_ WHOLESALE \_\_\_ MANUFACTURING \_\_\_  
 SERVICE \_\_\_ LEASING/RENTAL \_\_\_ FARMING \_\_\_ OTHER (SPECIFY) \_\_\_\_\_  
 OTHER N.C. COUNTIES WHERE PERSONAL PROPERTY IS LOCATED: \_\_\_\_\_  
 CONTACT PERSON FOR AUDIT \_\_\_\_\_  
 ADDRESS & PHONE: \_\_\_\_\_

IF OUT OF BUSINESS COMPLETE THIS SECTION ==> DATE CEASED \_\_\_\_\_  
**CHECK ONE:** SOLD \_\_\_ CLOSED \_\_\_ BANKRUPT \_\_\_ OTHER \_\_\_  
 SOLD EQUIPMENT/FIXTURES/SUPPLIES TO: \_\_\_\_\_  
 BUYER'S ADDRESS & PHONE: \_\_\_\_\_

LOCATION

**SCHEDULE A BUSINESS PERSONAL PROPERTY - SEE INSTRUCTIONS**

GROUP (1) MACHINERY & EQUIPMENT					GROUP(3) OFFICE FURNITURE & FIXTURES					
YEAR ACQUIRED	PRIOR YR. COST	ADDITIONS	DELETIONS	CURR. YR. COST	YEAR ACQUIRED	PRIOR YR. COST	ADDITIONS	DELETIONS	CURR. YR. COST	
2023					2023					
2022					2022					
2021					2021					
2020					2020					
2019					2019					
2018					2018					
2017					2017					
2016					PRIOR					
2015					TOTAL					
GROUP (4) COMPUTER EQUIPMENT / COPIERS					GROUP (8) SIGNS					
YEAR ACQUIRED	PRIOR YR. COST	ADDITIONS	DELETIONS	CURR. YR. COST	YEAR ACQUIRED	PRIOR YR. COST	ADDITIONS	DELETIONS	CURR. YR. COST	
2014					2014					
2013					2013					
2012					2012					
2011					2011					
2010					2010					
2009					2009					
2008					PRIOR					
PRIOR					TOTAL					
TOTAL										
GROUP (5) LEASEHOLD IMPROVEMENTS					GROUP (6) EXPENSED ITEMS (CAP THRESH _____)					
YEAR ACQUIRED	PRIOR YR. COST	ADDITIONS	DELETIONS	CURR. YR. COST	YEAR ACQUIRED	PRIOR YR. COST	ADDITIONS	DELETIONS	CURR. YR. COST	
2023					2023					
2022					2022					
2021					2021					
2020					2020					
2019					2019					
2018					2018					
2017					2017					
2016					PRIOR					
2015					TOTAL					
GROUP (7) SUPPLIES - SEE INSTRUCTIONS					GROUP (9) CONSTRUCTION IN PROGRESS					
					TYPE/DESCRIPTION	COST	TYPE/DESCRIPTION	COST		
LIST IN DETAIL ALL EXPENDITURES IN CIP ACCOUNT ON JANUARY 1, BUT NOT INCLUDED ABOVE - SEE INSTRUCTIONS					(1) Office Supplies	\$	(5) Med/Dental	\$		
					(2) Fuels	\$	(6) Beauty/Barber	\$		
					(3) Spare Parts	\$	(7) Packaging Materials	\$		
					(4) Maint/Janitorial	\$	<b>TOTAL</b>			
<b>TOTAL CIP: \$</b>										

LISTINGS WILL NOT BE ACCEPTED MARKED "SAME AS LAST YEAR"

