

Account #	Federal ID	Business Begin Date	Business Year End	Cost Center	NAICS Code	Value
<div> <div> Business/Owner Name: _____ </div> <div> Trade Name: _____ </div> </div> <div> <div> Business Location: _____ </div> <div> Select One: Corp. LLP LLC Partnership Sole Prop </div> </div> <div> <div> Business Telephone: _____ </div> <div> Employees (This location only): _____ F/T _____ P/T </div> </div> <div> <div> Mailing Address: _____ _____ _____ </div> <div> Contact Name: _____ Contact E-mail: _____ Telephone: _____ </div> </div>						

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

New Owner's Name:
Address:

A	SUPPLIES ON HAND JANUARY 1, 2019 AT COST
Office, Medical, Dental, Beauty, Maintenance, etc.*	_____
Fuels of all kinds	_____
Spare parts for equipment	_____
All other	_____
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
2018				
2017				
2016				
2015				
2014				
2013				
2012				
2011				
2010				
2009				
2008				
2007				
2006				
2005				
2004				
2003				
PRIOR				
TOTAL				

YEAR ACQUIRED	Group 2			TOTAL
	COST	ADDITIONS	DELETIONS	
2018				
2017				
2016				
2015				
2014				
2013				
2012				
PRIOR				
TOTAL				

YEAR ACQUIRED	Group 3			
	COST	ADDITIONS	DELETIONS	TOTAL
2018				
2017				
2016				
2015				
2014				
PRIOR				
TOTAL				

B	CIP (PLEASE ATTACH SCHEDULE)
Report 100% of cost of all personal property carried in a CIP account	
as of January 1, 2019	\$ _____

YEAR ACQUIRED	Group 4			
	COST	ADDITIONS	DELETIONS	TOTAL
2018				
2017				
2016				
2015				
2014				
2013				
2012				
2011				
2010				
2009				
2008				
2007				
2006				
2005				
2004				
2003				
PRIOR				
TOTAL				

YEAR ACQUIRED	Group 5			
	COST	ADDITIONS	DELETIONS	TOTAL
2018				
2017				
2016				
2015				
2014				
2013				
2012				
2011				
2010				
2009				
2008				
2007				
2006				
2004				
2004				
2003				
2002				
2001				
2000				
1999				
1998				
PRIOR				
TOTAL				

* COMPLETE AND SIGN BACK OF FORM *

D	PROPERTY OWNED BY OTHERS IN POSSESSION OF TAXPAYER (ATTACH SCHEDULE IF NECESSARY)								
IF LEASE HAS BEEN CAPITALIZED, SO INDICATE									
<p>Owner/Lessor: _____</p> <p>Mailing Address: _____</p> <p>City, State, Zip: _____</p> <p>Telephone: _____</p> <p>Lease Account #: _____</p>	<p>Equipment Description: _____</p> <p>Selling Price New: _____</p> <p>Date of Lease: _____ Annual Rent: _____</p> <p>Length of Lease: _____ Ending Date: _____</p>								
<p>Owner/Lessor: _____</p> <p>Mailing Address: _____</p> <p>City, State, Zip: _____</p> <p>Telephone: _____</p> <p>Lease Account #: _____</p>	<p>Equipment Description: _____</p> <p>Selling Price New: _____</p> <p>Date of Lease: _____ Annual Rent: _____</p> <p>Length of Lease: _____ Ending Date: _____</p>								
E	IMPROVEMENTS TO LEASED PROPERTY								
<p>Total cost of all leasehold improvements made in 2018: \$ _____ Location of Improvements: _____</p> <p>Detailed description and cost of each improvement: _____</p> <p>_____</p> <p>_____</p>									
F	OTHER COUNTIES								
<p>List all North Carolina counties in which you file business property tax returns.</p> <table style="width: 100%;"><tr><td>1. _____</td><td>2. _____</td><td>3. _____</td><td>4. _____</td></tr><tr><td>5. _____</td><td>6. _____</td><td>7. _____</td><td>8. _____</td></tr></table>		1. _____	2. _____	3. _____	4. _____	5. _____	6. _____	7. _____	8. _____
1. _____	2. _____	3. _____	4. _____						
5. _____	6. _____	7. _____	8. _____						
G	PERSON TO CONTACT FOR ADDITIONAL INFORMATION OR AUDIT								
<p>Name: _____ Address: _____</p> <p>Company: _____</p> <p>Telephone: _____ Email: _____</p>									
H	AFFIRMATION								
<p>LISTING MUST BE SIGNED BY A LEGALLY AUTHORIZED PERSON – Please check the capacity in which you are signing the affirmation.</p>									
<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, 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.)</p>									
<table style="width: 100%;"><tr><td style="width: 40%;">Signature _____</td><td style="width: 20%;">Date _____</td><td style="width: 40%;">Telephone Number _____</td></tr><tr><td>Print Name _____</td><td></td><td>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 he does not believe to be true and correct as to every material matter may be charged with a Class 2 misdemeanor.</p>									