

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

