

PHYSICAL ADDRESS _____ REAL ESTATE OWNED BY _____ FED. ID# _____ PRINCIPAL BUSINESS IN THIS COUNTY _____ STANDARD INDUSTRIAL CLASSIFICATION CODE (SIC #) _____ NAME IN WHICH BUSINESS WAS LISTED LAST YEAR: _____	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 PART: DATE CEASED ____/____/____ CHECK ONE: SOLD ____ CLOSED ____ BANKRUPT ____ OTHER ____ SOLD EQUIPMENT/FIXTURES/SUPPLIES TO: _____ BUYER'S ADDRESS & PHONE: _____
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SCHEDULE A PERSONAL PROPERTY SEE INSTRUCTIONS

YEAR ACQUIRED	GROUP (1) MACHINERY & EQUIPMENT			
	PRIOR YR. COST	ADDITIONS	DELETIONS	CURR. YR. COST
2008				
2007				
2006				
2005				
2004				
2003				
2002				
2001				
2000				
1999				
1998				
1997				
1996				
1995				
1994				
1993				
PRIOR TOTAL				
YEAR ACQUIRED	GROUP (4) LEASEHOLD IMPROVEMENTS			
	PRIOR YR. COST	ADDITIONS	DELETIONS	CURR. YR. COST
2008				
2007				
2006				
2005				
2004				
2003				
2002				
2001				
2000				
1999				
1998				
1997				
1996				
1995				
PRIOR TOTAL				

YEAR ACQUIRED	GROUP (2) OFFICE FURNITURE & FIXTURES			
	PRIOR YR. COST	ADDITIONS	DELETIONS	CURR. YR. COST
2008				
2007				
2006				
2005				
2004				
2003				
2002				
PRIOR TOTAL				
YEAR ACQUIRED	GROUP (3) COMPUTER EQUIPMENT			
	PRIOR YR. COST	ADDITIONS	DELETIONS	CURR. YR. COST
2008				
2007				
2006				
2005				
PRIOR TOTAL				
YEAR ACQUIRED	GROUP (5) EXPENSED ITEMS (cap thresh _____)			
	PRIOR YR. COST	ADDITIONS	DELETIONS	CURR. YR. COST
2008				
2007				
2006				
PRIOR TOTAL				
YEAR ACQUIRED	GROUP (6) OTHER			
	PRIOR YR. COST	ADDITIONS	DELETIONS	CURR. YR. COST
2008				
2007				
2006				
2005				
2004				
2003				
2002				
PRIOR TOTAL				

GROUP (7) CONSTRUCTION IN PROGRESS
 LIST IN DETAIL ALL EXPENDITURES IN CIP ACCOUNT ON JANUARY 1,
 BUT NOT INCLUDED ABOVE - SEE INSTRUCTIONS

TOTAL CIP: \$

GROUP (8) SUPPLIES - SEE INSTRUCTIONS			
TYPE	COST	TYPE	COST
(1) OFFICE SUPPLIES		(5) MEDICAL/DENTAL	
(2) FUELS		(6) BEAUTY/BARBER	
(3) SPARE PARTS		(7) MAINTENANCE/JANITORIAL	
(4) ALL OTHER MISCELLANEOUS SUPPLIES NOT LISTED		TOTAL	

If you need additional space to list property under schedules B or C, please attach a separate report in the same format as below. Write "see attached" on the schedules if this is necessary.

SCHEDULE B **VEHICULAR EQUIPMENT SEE INSTRUCTIONS**

GROUP (1) UNREGISTERED MOTOR VEHICLES, MULTIYEAR TAGGED TRAILERS

YEAR	MAKE	MODEL	BODY SIZE	TITLE #	VEHICLE ID NUMBER (VIN)	SPEC. BODY COST	FOR OFFICE USE

GROUP (2) BOATS & BOAT MOTORS

TYPE	YEAR / MAKE / MODEL	LENGTH/SIZE	REGISTRATION #	LOCATION	ENGINE TYPE	COST/DATE	FOR OFFICE USE
Boat							
Motor		HP					
Boat							
Motor		HP					
Boat							
Motor		HP					

GROUP (3) AIRCRAFT

YEAR	MAKE	MODEL	SERIAL #	LOCATION	FAA #	COST/DATE	FOR OFFICE USE

GROUP (4) MOBILE HOMES & OFFICES

YEAR	MAKE	WIDTH/LENGTH	TITLE #	MANUFACTURER'S ID NUMBER (VIN)	COST/DATE	FOR OFFICE USE
		X				
		X				
		X				
		X				
		X				
		X				
		X				

SCHEDULE C **PROPERTY IN YOUR POSSESSION ON JANUARY 1, BUT OWNED BY OTHERS**
THIS SECTION DUE JANUARY 15, SEE INSTRUCTIONS

NAME AND ADDRESS OF OWNER	DESCRIPTION OF PROPERTY	LEASE # OR ACCOUNT #	MONTHLY PAYMENT	COST NEW (QUOTED)	START & END LEASE DATES

AFFIRMATION **LISTING FORM MUST BE SIGNED BY A LEGALLY AUTHORIZED PERSON**
SEE INSTRUCTIONS

Listing **MUST** be signed by the taxpayer, a principal officer of the taxpayer or a **FULL-TIME** employee of the taxpayer who has been officially empowered by a principal officer to list the property.

Under penalties prescribed by law, I hereby affirm that to the best of my knowledge and belief this listing, including any accompanying statements, inventories, schedules, and other information, is true and complete. (If this affirmation is signed by an individual other than the taxpayer, he affirms that he is familiar with the extent and true value of all 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.)

_____ AUTHORIZED SIGNATURE	_____ DATE	_____ PREPARER OTHER THAN TAXPAYER	_____ DATE
_____ TITLE	_____ TELEPHONE NUMBER	_____ ADDRESS	

As provided by the MACHINERY ACT of the State of North Carolina, any individual who willfully makes and subscribes this abstract which he does not believe to be true and correct in every material matter shall be guilty of a class 2 misdemeanor punishable by imprisonment up to 6 months.