

**Due by: January 31, 2005**

**www.WakeGov.com**

Tel (919) 856-5400 Fax (919) 856-7128

ACCOUNT	YEAR	CITY	FIRE	ACCT TYPE	TWP	REID

<b>Business Location:</b>		Bus. Begin Date:	Bus. Yr End:
Name: _____		Type of Bus:	
Company: _____		Sole Prop: ( ) Partnership: ( ) Corp ( ) LLP ( ) LLC ( )	
Address: _____		Phone: _____ Ext: _____	NAICS Code:
City: _____ State: _____ Zip: _____		Alt Phone: _____	Fed ID:
Trade Name: _____		Fax: _____	SSN 1:
COST CENTER		E-Mail: _____	SSN 2:
		Employees (This location only) F/T	P/T

<b>COMPLETE IF BUSINESS HAS CLOSED:</b>	Date Sold: _____	New Owner's Name: _____
	Telephone: _____	Address: _____

A SUPPLIES ON HAND JANUARY 1, 2005 AT COST				
Office, Medical, Dental, Beauty, Maintenance, etc	_____			
Fuels of all kinds	_____			
Spare parts for equipment	_____			
All other	_____			
<b>Total</b>	\$ _____			

  

C PERSONAL PROPERTY - SEE INSTRUCTIONS				
YEAR ACQUIRED	GROUP 1			
	COST	ADDITIONS	DELETIONS	TOTAL
2004				
2003				
2002				
2001				
2000				
1999				
1998				
1997				
1996				
1995				
1994				
1993				
1992				
1991				
1990				
1989				
PRIOR				
TOTAL				

  

YEAR ACQUIRED	GROUP 2			
	COST	ADDITIONS	DELETIONS	TOTAL
2004				
2003				
2002				
2001				
2000				
1999				
1998				
PRIOR				
TOTAL				

  

YEAR ACQUIRED	GROUP 3			
	COST	ADDITIONS	DELETIONS	TOTAL
2004				
2003				
2002				
2001				
PRIOR				
TOTAL				

B CIP (PLEASE ATTACH SCHEDULE)				
Report 100% of cost of all personal property carried in a CIP account				
as of January 1, 2005 \$ _____				

  

YEAR ACQUIRED	GROUP 4			
	COST	ADDITIONS	DELETIONS	TOTAL
2004				
2003				
2002				
2001				
2000				
1999				
1998				
1997				
1996				
1995				
1994				
1993				
1992				
1991				
1990				
1989				
PRIOR				
TOTAL				

  

YEAR ACQUIRED	GROUP 5			
	COST	ADDITIONS	DELETIONS	TOTAL
2004				
2003				
2002				
2001				
2000				
1999				
1998				
1997				
1996				
1995				
1994				
1993				
1992				
1991				
1990				
1989				
1988				
1987				
1986				
1985				
1984				
PRIOR				
TOTAL				

**\*COMPLETE AND SIGN BACK OF FORM\***

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**D PROPERTY OWNED BY OTHERS IN POSSESSION OF TAXPAYER (ATTACH SCHEDULE IF NECESSARY)**

**IF LEASE HAS BEEN CAPITALIZED, SO INDICATE**

Owner/Lessor	Equipment Information
Name: _____ Mailing Address: _____ City, State, Zip: _____	Equipment Description: _____ Selling Price New: _____ Date of Lease: _____ Annual Rent: _____ Length of Lease: _____ Ending Date: _____
Name: _____ Mailing Address: _____ City, State, Zip: _____	Equipment Description: _____ Selling Price New: _____ Date of Lease: _____ Annual Rent: _____ Length of Lease: _____ Ending Date: _____
Name: _____ Mailing Address: _____ City, State, Zip: _____	Equipment Description: _____ Selling Price New: _____ Date of Lease: _____ Annual Rent: _____ Length of Lease: _____ Ending Date: _____

**E LEASEHOLD IMPROVEMENTS**

Total Cost of All Leasehold Improvements Made in 2004: \$ \_\_\_\_\_ Location of Improvements: \_\_\_\_\_  
 Detailed Description and Cost of Each Improvement: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**F OTHER COUNTIES**

List All North Carolina Counties in Which You File Business Property Tax Returns

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_  
 5. \_\_\_\_\_ 6. \_\_\_\_\_ 7. \_\_\_\_\_ 8. \_\_\_\_\_

**G PERSON TO CONTACT FOR ADDITIONAL INFORMATION**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

**H AFFIRMATION**

Listing must be signed by a principal officer, full time employee of taxpayer or individual having power of attorney.

**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.**

Signature of Owner/Officer: \_\_\_\_\_ Date: \_\_\_\_\_  
 Title: \_\_\_\_\_