

WAKE COUNTY REVENUE DEPARTMENT  
 GARLAND H JONES BUILDING, LOWER LEVEL  
 300 S. SALISBURY ST  
 PO BOX 550  
 RALEIGH, NC 27602-0550

WAKE COUNTY  
 NORTH CAROLINA

BUSINESS PROPERTY STATEMENT  
 1999

(919) 856-5400

Due by: February 1, 1999

**IF BUSINESS HAS CLOSED,**

GIVE DATE SOLD AND PURCHASER'S NAME:

DATE SOLD: \_\_\_\_\_

NEW OWNER'S TELEPHONE # \_\_\_\_\_

NEW OWNER'S NAME & ADDRESS: \_\_\_\_\_

ACCOUNT	YEAR FOR	CITY	FIRE	CL	TWP	LLP	TOTAL

NAME \_\_\_\_\_  
 COMPANY \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DATE BUSINESS BEGAN \_\_\_\_\_

BUSINESS YEAR END \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_

TRADE NAME: \_\_\_\_\_

SOLE PROPRIETORSHIP ( ) PARTNERSHIP ( ) CORPORATION ( ) PARCEL NUMBER  
 FEDERAL ID NO \_\_\_\_\_ LLP ( ) LLC ( )

SOCIAL SECURITY NO: \_\_\_\_\_

BUSINESS LOCATION \_\_\_\_\_

NUMBER OF PART-TIME EMPLOYEES AT THIS LOCATION \_\_\_\_\_

NUMBER OF FULL-TIME EMPLOYEES AT THIS LOCATION \_\_\_\_\_

A	SUPPLIES AND MATERIALS AS OF JANUARY 1, 1999	COST
	OFFICE, MEDICAL, DENTAL, BEAUTY, BARBER, MAINTENANCE	
	FUELS OF ALL TYPES	
	SPARE PARTS FOR EQUIPMENT	
	ALL OTHER	

B	TANGIBLE PERSONAL PROPERTY - PLEASE COMPLETE AND TOTAL COLS. 2 - 5	TOTAL			
YR ACQ	COST	ACQUISITIONS	REMOVALS	TOTAL	OFFICE USE
1998			XXXX		
1997					
1996					
1995					
1994					
1993					
1992					
1991					
1990					
1989					
1988					
1987					
1986					
1985					
1984					
PRIOR					
TOTAL					

AS SHOWN ON THE CURRENT OWNER DEPRECIATION SCHEDULE (SEE INSTRUCTIONS)

**C INTANGIBLE PERSONAL PROPERTY**  
 INTANGIBLE PERSONAL PROPERTY  
 NO LONGER REQUIRED TO BE LISTED  
 This does not affect the listing of software.

**D CONSTRUCTION IN PROGRESS**  
 REPORT 100% COST OF ALL PERSONAL PROPERTY  
 CARRIED IN A CIP ACCOUNT AS OF JANUARY 1, 1999 \$ \_\_\_\_\_  
 (PLEASE ATTACH SCHEDULE)

**AFFIRMATION OF TAXPAYER**  
 UNDER PENALTIES PRESCRIBED BY LAW I HEREBY AFFIRM THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THIS LISTING, INCLUDING ANY ACCOMPANYING STATEMENT, INVENTORIES, SCHEDULES AND OTHER INFORMATION IS TRUE AND COMPLETE. LISTING MUST BE SIGNED BY A PRINCIPAL OFFICER, FULL TIME EMPLOYEE OF TAXPAYER OR INDIVIDUAL HAVING POWER OF ATTORNEY.

**E UNLICENSED VEHICLES**  
 DO NOT LIST LICENSED VEHICLES, LIST ONLY BOATS, MOTORS, MOBILE HOMES, AIRCRAFT AND UNLICENSED VEHICLES. PLEASE REPORT LOCATION OF MOBILE HOMES AND AIRCRAFT.  
 PRELISTED FROM PRIOR YEAR

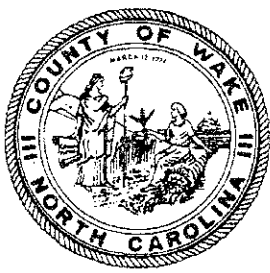
UNLICENSED ITEMS NOT PRELISTED ABOVE

YEAR	MAKE	MODEL/SIZE	YR ACQ	COST	OFFICE USE

LOCATION OF MOBILE HOME OR AIRCRAFT \_\_\_\_\_

SIGNATURE OF OWNER/OFFICER \_\_\_\_\_

DATE \_\_\_\_\_



IMPORTANT

WAKE COUNTY  
NORTH CAROLINA  
BUSINESS PERSONAL  
PROPERTY TAX STATEMENT  
1999

YOU ARE NO LONGER REQUIRED TO LIST LICENSED VEHICLES, THE PROPERTY TAX ON THESE VEHICLES WILL BE BILLED BY THE COUNTY AFTER THE REGISTRATION IS RENEWED OR APPLICATION IS MADE FOR A NEW REGISTRATION.

YOU MUST CONTINUE TO LIST VEHICLES WHICH WERE NOT LICENSED ON JANUARY 1, 1999. VEHICLES ARE AUTOMOBILES, TRUCKS, TRAILERS OF ALL TYPES, MOTORCYCLES AND MOTORHOMES.

**F** PROPERTY OWNED BY OTHERS IN POSSESSION OF TAXPAYER ATTACH SCHEDULE IF NECESSARY. **IF LEASE HAS BEEN CAPITALIZED, SO INDICATE**

1999

OWNER/LESSOR	EQUIPMENT INFORMATION
NAME _____ MAILING ADDRESS _____ CITY, STATE _____ ZIP CODE _____	DESCRIPTION OF EQUIPMENT _____ SELLING PRICE NEW \$ _____ DATE OF LEASE _____ ANNUAL RENT \$ _____ LENGTH OF LEASE _____ ENDING DATE _____
NAME _____ MAILING ADDRESS _____ CITY, STATE _____ ZIP CODE _____	DESCRIPTION OF EQUIPMENT _____ SELLING PRICE NEW \$ _____ DATE OF LEASE _____ ANNUAL RENT \$ _____ LENGTH OF LEASE _____ ENDING DATE _____
NAME _____ MAILING ADDRESS _____ CITY, STATE _____ ZIP CODE _____	DESCRIPTION OF EQUIPMENT _____ SELLING PRICE NEW \$ _____ DATE OF LEASE _____ ANNUAL RENT \$ _____ LENGTH OF LEASE _____ ENDING DATE _____
NAME _____ MAILING ADDRESS _____ CITY, STATE _____ ZIP CODE _____	DESCRIPTION OF EQUIPMENT _____ SELLING PRICE NEW \$ _____ DATE OF LEASE _____ ANNUAL RENT \$ _____ LENGTH OF LEASE _____ ENDING DATE _____

**G** TOTAL COST OF ALL LEASEHOLD IMPROVEMENTS MADE IN 1998 .....\$ \_\_\_\_\_  
LOCATION \_\_\_\_\_  
DETAILED DESCRIPTION OF EACH IMPROVEMENT AND COST \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**H** LIST ALL NORTH CAROLINA COUNTIES IN WHICH YOU FILE BUSINESS PERSONAL PROPERTY RETURNS  
1 \_\_\_\_\_ 5 \_\_\_\_\_  
2 \_\_\_\_\_ 6 \_\_\_\_\_  
3 \_\_\_\_\_ 7 \_\_\_\_\_  
4 \_\_\_\_\_ 8 \_\_\_\_\_

**I** PERSON TO CONTACT FOR ADDITIONAL INFORMATION: PLEASE PRINT  
NAME \_\_\_\_\_  
COMPANY \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
TELEPHONE ( ) \_\_\_\_\_