

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**

2000

(919) 856-5400

Due by: January 31, 2000

IF BUSINESS HAS CLOSED,

GIVE DATE SOLD AND PURCHASER'S NAME:

DATE SOLD: _____

NEW OWNER'S TELEPHONE # _____

NEW OWNER'S NAME & ADDRESS: _____

ACCOUNT	YEAR	CITY	FIRE	ACCT TYPE	REID TWP	LLP	TOTAL
BUS. LOC.							
NAME: _____							
COMPANY: _____							
ADDRESS: _____							
CITY: _____ STATE: _____ ZIP: _____							
TRADE NAME: _____							

PHONE _____ EXT. _____
 ALT. PHONE _____ EXT. _____
 FAX _____
 E-MAIL _____
 BUS. BEGIN DATE _____ BUS. YR. END _____
 TYPE OF BUSINESS _____ NAICS CODE _____
 SOLE PROPRIETORSHIP () PARTNERSHIP ()
 CORPORATION () LLP () LLC ()
 SSN1 _____ SSN2 _____
 FEDERAL ID _____
 AT THIS LOCATION ONLY

A Supplies on hand January 1, 2000 at COST
 Office, Medical, Dental, Beauty, Barber, Maintenance.....
 Fuels of all kinds.....
 Spare parts for equipment.....
 All other.....
 Total.....

B CIP (Please attach Schedule) Report 100% cost of all personal property carried in a CIP account as of January 1, 2000. \$ _____

C PERSONAL PROPERTY - SEE INSTRUCTIONS

YEAR ACQUIRED	GROUP 1 COST	ADDITIONS	DELETIONS	TOTAL
1999				
1998				
1997				
1996				
1995				
1994				
1993				
1992				
1991				
1990				
1989				
1988				
1987				
1986				
1985				
1984				
PRIOR				
TOTAL				

YEAR ACQUIRED	GROUP 2 COST	ADDITIONS	DELETIONS	TOTAL
1999				
1998				
1997				
1996				
1995				
1994				
1993				
PRIOR				
TOTAL				

YEAR ACQUIRED	GROUP 3 COST	ADDITIONS	DELETIONS	TOTAL
1999				
1998				
1997				
1996				
PRIOR				
TOTAL				

F-T EMPLOYEES _____ P-T EMPLOYEES _____

YEAR ACQUIRED	GROUP 4 COST	ADDITIONS	DELETIONS	TOTAL
1999				
1998				
1997				
1996				
1995				
1994				
1993				
1992				
1991				
1990				
1989				
1988				
1987				
1986				
1985				
1984				
PRIOR				
TOTAL				

YEAR ACQUIRED	GROUP 5 COST	ADDITIONS	DELETIONS	TOTAL
1999				
1998				
1997				
1996				
1995				
1994				
1993				
1992				
1991				
1990				
1989				
1988				
1987				
1986				
1985				
1984				
1983				
1982				
1981				
1980				
1979				
PRIOR				
TOTAL				



IMPORTANT

WAKE COUNTY
NORTH CAROLINA

BUSINESS PERSONAL
PROPERTY TAX STATEMENT

2000

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, 2000.

VEHICLES ARE AUTOMOBILES, TRUCKS, TRAILERS OF ALL TYPES, MOTORCYCLES AND MOTOR HOMES.

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 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 _____

E TOTAL COST OF ALL LEASEHOLD IMPROVEMENTS MADE IN 1999\$ _____
LOCATION _____
DETAILED DESCRIPTION OF EACH IMPROVEMENT AND COST _____

F LIST ALL NORTH CAROLINA COUNTIES IN WHICH YOU FILE BUSINESS PERSONAL PROPERTY RETURNS

1 _____	5 _____
2 _____	6 _____
3 _____	7 _____
4 _____	8 _____

G PERSON TO CONTACT FOR ADD'L INFO: PLEASE PRINT
NAME _____
COMPANY _____
ADDRESS _____
TELEPHONE () _____

ADDITIONAL INFORMATION OF TAXPAYER
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. LISTING MUST BE SIGNED BY A PRINCIPAL OFFICER, FULL TIME EMPLOYEE OF TAXPAYER OR INDIVIDUAL HAVING POWER OF ATTORNEY.

SIGNATURE OF OWNER/OFFICER DATE