

WAKE COUNTY REVENUE DEPARTMENT  
 GARLAND H JONES BUILDING, LOWER LEVEL  
 300 S. SALISBURY ST.  
 PO BOX 2331  
 RALEIGH, NC 27602-2331

**WAKE COUNTY  
 NORTH CAROLINA  
 BUSINESS PROPERTY STATEMENT**

**2001**

(919) 856-5400

Due by: January 31, 2001

**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		TOTAL
					TWP	LLP	

PHONE \_\_\_\_\_ EXT. \_\_\_\_\_  
 ALT. PHONE \_\_\_\_\_ EXT. \_\_\_\_\_  
 FAX \_\_\_\_\_  
 E-MAIL \_\_\_\_\_

BUS. LOC. \_\_\_\_\_

BUS. BEGIN DATE \_\_\_\_\_ BUS. YR. END \_\_\_\_\_

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

TYPE OF BUSINESS \_\_\_\_\_ NAICS CODE \_\_\_\_\_

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SOLE PROPRIETORSHIP ( ) PARTNERSHIP ( )  
 CORPORATION ( ) LLP ( ) LLC ( )

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

COST CENTER

SSN1 \_\_\_\_\_ SSN2 \_\_\_\_\_

FEDERAL ID \_\_\_\_\_  
 AT THIS LOCATION ONLY

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

**A** Supplies on hand January 1, 2001 at COST

Office, Medical, Dental, Beauty, Barber, Maintenance.....	_____
Fuels of all kinds.....	_____
Spare parts for equipment.....	_____
All other.....	_____
Total.....	_____

F-T EMPLOYEES \_\_\_\_\_ P-T EMPLOYEES \_\_\_\_\_

**B** CIP (Please attach Schedule) Report 100% cost of all personal property carried in a CIP account as of January 1, 2001. \$ \_\_\_\_\_

**C PERSONAL PROPERTY - SEE INSTRUCTIONS**

YEAR ACQUIRED	GROUP 1 - COST	ADDITIONS	DELETIONS	TOTAL
2000				
1999				
1998				
1997				
1996				
1995				
1994				
1993				
1992				
1991				
1990				
1989				
1988				
1987				
1986				
1985				
PRIOR				
TOTAL				

YEAR ACQUIRED	GROUP 4 - COST	ADDITIONS	DELETIONS	TOTAL
2000				
1999				
1998				
1997				
1996				
1995				
1994				
1993				
1992				
1991				
1990				
1989				
1988				
1987				
1986				
1985				
PRIOR				
TOTAL				

YEAR ACQUIRED	GROUP 2 - COST	ADDITIONS	DELETIONS	TOTAL
2000				
1999				
1998				
1997				
1996				
1995				
1994				
PRIOR				
TOTAL				

YEAR ACQUIRED	GROUP 5 - COST	ADDITIONS	DELETIONS	TOTAL
2000				
1999				
1998				
1997				
1996				
1995				
1994				
1993				
1992				
1991				
1990				
1989				
1988				
1987				
1986				
1985				
1984				
1983				
1982				
1981				
1980				
PRIOR				
TOTAL				

YEAR ACQUIRED	GROUP 3 - COST	ADDITIONS	DELETIONS	TOTAL
2000				
1999				
1998				
1997				
PRIOR				
TOTAL				



IMPORTANT

BUSINESS PERSONAL PROPERTY TAX STATEMENT 2001

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, 2001. 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

Table with 2 columns: OWNER/LESSOR and EQUIPMENT INFORMATION. It contains four rows of equipment details, each with fields for owner name, address, equipment description, price, lease terms, and dates.

F TOTAL COST OF ALL LEASEHOLD IMPROVEMENTS MADE IN 2000 ... \$ LOCATION DETAILED DESCRIPTION OF EACH IMPROVEMENT AND COST

F LIST ALL NORTH CAROLINA COUNTIES IN WHICH YOU FILE BUSINESS PERSONAL PROPERTY RETURNS 1-8

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

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 STATEMENTS, INVENTORIES, SCHEDULES AND OTHER INFORMATION IS TRUE AND COMPLETE.

SIGNATURE OF OWNER/OFFICER DATE