

Due by: January 31, 2006

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 Tel (919) 856-5400

ACCOUNT	YEAR	CITY	FIRE	ACCT TYPE	REID	LLP	VALUE
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Business Location:		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: _____	
COST CENTER		E-Mail: _____	
		Employees (This location only) F/T	P/T

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

A	SUPPLIES ON HAND JANUARY 1, 2006 AT COST
	Office, Medical, Dental, Beauty, Maintenance, etc _____
	Fuels of all kinds _____
	Spare parts for equipment _____
	Expensed Items _____
	All other _____
Total	\$ _____

C	PERSONAL PROPERTY - SEE INSTRUCTIONS			
YEAR ACQUIRED	COST	ADDITIONS	DELETIONS	TOTAL
2005				
2004				
2003				
2002				
2001				
2000				
1999				
1998				
1997				
1996				
1995				
1994				
1993				
1992				
1991				
1990				
PRIOR				
TOTAL				

YEAR ACQUIRED	COST	ADDITIONS	DELETIONS	TOTAL
2005				
2004				
2003				
2002				
2001				
2000				
1999				
PRIOR				
TOTAL				

YEAR ACQUIRED	COST	ADDITIONS	DELETIONS	TOTAL
2005				
2004				
2003				
2002				
PRIOR				
TOTAL				

B	CIP (PLEASE ATTACH SCHEDULE)
	Report 100% of cost of all personal property carried in a CIP account
	as of January 1, 2006 \$ _____

YEAR ACQUIRED	COST	ADDITIONS	DELETIONS	TOTAL
2005				
2004				
2003				
2002				
2001				
2000				
1999				
1998				
1997				
1996				
1995				
1994				
1993				
1992				
1991				
1990				
PRIOR				
TOTAL				

YEAR ACQUIRED	COST	ADDITIONS	DELETIONS	TOTAL
2005				
2004				
2003				
2002				
2001				
2000				
1999				
1998				
1997				
1996				
1995				
1994				
1993				
1992				
1991				
1990				
1989				
1988				
1987				
1986				
1985				
PRIOR				
TOTAL				

COMPLETE AND SIGN BACK OF FORM

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: _____	Equipment Description: _____
Mailing Address: _____	Selling Price New: _____
City, State, Zip: _____	Date of Lease: _____ Annual Rent: _____
Telephone: _____	Length of Lease: _____ Ending Date: _____
Tax Account #: _____	
Name: _____	Equipment Description: _____
Mailing Address: _____	Selling Price New: _____
City, State, Zip: _____	Date of Lease: _____ Annual Rent: _____
Telephone: _____	Length of Lease: _____ Ending Date: _____
Tax Account #: _____	
Name: _____	Equipment Description: _____
Mailing Address: _____	Selling Price New: _____
City, State, Zip: _____	Date of Lease: _____ Annual Rent: _____
Telephone: _____	Length of Lease: _____ Ending Date: _____
Tax Account #: _____	

E LEASEHOLD IMPROVEMENTS (ATTACH SCHEDULE IF NECESSARY)

Total Cost of All Leasehold Improvements Made in 2005: \$ _____ 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 OR AUDIT

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: _____