

Due by: January 31, 2008

www.WakeGov.com
 Tel (919) 856-5400

ACCOUNT	YEAR	CITY	FIRE	ACCT TYPE	REID	LLP	VALUE
---------	------	------	------	-----------	------	-----	-------

Business Location:				Bus. Begin Date:		Bus. Yr End:	
Name: _____				Type of Bus:			
Company: _____				Sole Prop: () Partnership: () Corp () LLP () LLC ()			
Address: _____				Phone: _____		Ext: _____	
City: _____ State: _____ Zip: _____				Alt Phone: _____		NAICS Code: _____	
Trade Name: _____				E-Mail: _____		Fed ID: _____	
COST CENTER				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, 2008 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	GROUP 1			
ACQUIRED	COST	ADDITIONS	DELETIONS	TOTAL
2007				
2006				
2005				
2004				
2003				
2002				
2001				
2000				
1999				
1998				
1997				
1996				
1995				
1994				
1993				
1992				
PRIOR				
TOTAL				
YEAR	GROUP 2			
ACQUIRED	COST	ADDITIONS	DELETIONS	TOTAL
2007				
2006				
2005				
2004				
2003				
2002				
2001				
PRIOR				
TOTAL				
YEAR	GROUP 3			
ACQUIRED	COST	ADDITIONS	DELETIONS	TOTAL
2007				
2006				
2005				
2004				
PRIOR				
TOTAL				

B CIP (PLEASE ATTACH SCHEDULE)				
Report 100% of cost of all personal property carried in a CIP account				
as of January 1, 2008 \$ _____				
YEAR	GROUP 4			
ACQUIRED	COST	ADDITIONS	DELETIONS	TOTAL
2007				
2006				
2005				
2004				
2003				
2002				
2001				
2000				
1999				
1998				
1997				
1996				
1995				
1994				
1993				
1992				
PRIOR				
TOTAL				
YEAR	GROUP 5			
ACQUIRED	COST	ADDITIONS	DELETIONS	TOTAL
2007				
2006				
2005				
2004				
2003				
2002				
2001				
2000				
1999				
1998				
1997				
1996				
1995				
1994				
1993				
1992				
1991				
1990				
1989				
1988				
1987				
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: _____ Mailing Address: _____ City, State, Zip: _____ Telephone: _____ Lease Account #: _____	Equipment Description: _____ Selling Price New: _____ Date of Lease: _____ Annual Rent: _____ Length of Lease: _____ Ending Date: _____
Name: _____ Mailing Address: _____ City, State, Zip: _____ Telephone: _____ Lease Account #: _____	Equipment Description: _____ Selling Price New: _____ Date of Lease: _____ Annual Rent: _____ Length of Lease: _____ Ending Date: _____
Name: _____ Mailing Address: _____ City, State, Zip: _____ Telephone: _____ Lease Account #: _____	Equipment Description: _____ Selling Price New: _____ Date of Lease: _____ Annual Rent: _____ Length of Lease: _____ Ending Date: _____

E LEASEHOLD IMPROVEMENTS (ATTACH SCHEDULE IF NECESSARY)

Total Cost of All Leasehold Improvements Made in 2007: \$ _____ 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: _____ E-mail: _____

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: _____