

Due by: January 31, 2009

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 Tel (919) 856-5400

VALUE	ACCOUNT	YEAR	CITY	FIRE	ACCT TYPE	REID	LLP
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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:
	COST CENTER	Fax: _____	
Trade Name: _____		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, 2009 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	
2008					
2007					
2006					
2005					
2004					
2003					
2002					
2001					
2000					
1999					
1998					
1997					
1996					
1995					
1994					
1993					
PRIOR					
TOTAL					
YEAR	GROUP 2				
ACQUIRED	COST	ADDITIONS	DELETIONS	TOTAL	
2008					
2007					
2006					
2005					
2004					
2003					
2002					
PRIOR					
TOTAL					
YEAR	GROUP 3				
ACQUIRED	COST	ADDITIONS	DELETIONS	TOTAL	
2008					
2007					
2006					
2005					
PRIOR					
TOTAL					

B	CIP (PLEASE ATTACH SCHEDULE)				
	Report 100% of cost of all personal property carried in a CIP account				
	as of January 1, 2009 \$ _____				
YEAR	GROUP 4				
ACQUIRED	COST	ADDITIONS	DELETIONS	TOTAL	
2008					
2007					
2006					
2005					
2004					
2003					
2002					
2001					
2000					
1999					
1998					
1997					
1996					
1995					
1994					
1993					
PRIOR					
TOTAL					
YEAR	GROUP 5				
ACQUIRED	COST	ADDITIONS	DELETIONS	TOTAL	
2008					
2007					
2006					
2005					
2004					
2003					
2002					
2001					
2000					
1999					
1998					
1997					
1996					
1995					
1994					
1993					
1992					
1991					
1990					
1989					
1988					
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 2008: \$ _____ 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: _____