

Due by: January 31, 2012

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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, 2012 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	
2011					
2010					
2009					
2008					
2007					
2006					
2005					
2004					
2003					
2002					
2001					
2000					
1999					
1998					
1997					
1996					
PRIOR					
TOTAL					
YEAR	GROUP 2				
ACQUIRED	COST	ADDITIONS	DELETIONS	TOTAL	
2011					
2010					
2009					
2008					
2007					
2006					
2005					
PRIOR					
TOTAL					
YEAR	GROUP 3				
ACQUIRED	COST	ADDITIONS	DELETIONS	TOTAL	
2011					
2010					
2009					
2008					
PRIOR					
TOTAL					

B	CIP (PLEASE ATTACH SCHEDULE)				
	Report 100% of cost of all personal property carried in a CIP account				
	as of January 1, 2012 \$ _____				
YEAR	GROUP 4				
ACQUIRED	COST	ADDITIONS	DELETIONS	TOTAL	
2011					
2010					
2009					
2008					
2007					
2006					
2005					
2004					
2003					
2002					
2001					
2000					
1999					
1998					
1997					
1996					
PRIOR					
TOTAL					
YEAR	GROUP 5				
ACQUIRED	COST	ADDITIONS	DELETIONS	TOTAL	
2011					
2010					
2009					
2008					
2007					
2006					
2005					
2004					
2003					
2002					
2001					
2000					
1999					
1998					
1997					
1996					
1995					
1994					
1993					
1992					
1991					
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 2011: \$ _____ 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

This listing must be signed by the person whose duty it is to list property for taxation. In the case of an individual taxpayer who is unable to list his property, a guardian, authorized agent or other person having knowledge of and charged with the care of the person and property of the taxpayer may sign the listing, indicating their capacity. In the case of a corporation, partnership, limited liability company or unincorporated association, the listing may be signed by a principal officer of the taxpayer, a full-time employee of the taxpayer who has been empowered to do so by a principal officer of the taxpayer or an agent of the taxpayer authorized by a principal officer of the 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 or Authorized Person: _____ Date: _____
Title/Capacity: _____