

Due by: January 31, 2013

www.wakegov.com/tax
 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: _____		E-Mail: _____	
Trade Name: _____				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, 2013 AT COST				
Office, Medical, Dental, Beauty, Maintenance, etc	_____			
Fuels of all kinds	_____			
Spare parts for equipment	_____			
Expensed Items	_____			
All other	_____			
Total	\$ _____			
<small>*Rule: If actual supply inventory as of January 1 is unknown, report 1/12 of annual expenditure.</small>				
C PERSONAL PROPERTY - SEE INSTRUCTIONS				
YEAR	GROUP 1			
ACQUIRED	COST	ADDITIONS	DELETIONS	TOTAL
2012				
2011				
2010				
2009				
2008				
2007				
2006				
2005				
2004				
2003				
2002				
2001				
2000				
1999				
1998				
1997				
PRIOR				
TOTAL				
YEAR	GROUP 2			
ACQUIRED	COST	ADDITIONS	DELETIONS	TOTAL
2012				
2011				
2010				
2009				
2008				
2007				
2006				
PRIOR				
TOTAL				
YEAR	GROUP 3			
ACQUIRED	COST	ADDITIONS	DELETIONS	TOTAL
2012				
2011				
2010				
2009				
PRIOR				
TOTAL				

B CIP (PLEASE ATTACH SCHEDULE)				
Report 100% of cost of all personal property carried in a CIP account				
as of January 1, 2013 \$ _____				
YEAR	GROUP 4			
ACQUIRED	COST	ADDITIONS	DELETIONS	TOTAL
2012				
2011				
2010				
2009				
2008				
2007				
2006				
2005				
2004				
2003				
2002				
2001				
2000				
1999				
1998				
1997				
PRIOR				
TOTAL				
YEAR	GROUP 5			
ACQUIRED	COST	ADDITIONS	DELETIONS	TOTAL
2012				
2011				
2010				
2009				
2008				
2007				
2006				
2005				
2004				
2003				
2002				
2001				
2000				
1999				
1998				
1997				
1996				
1995				
1994				
1993				
1992				
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: _____ Mailing Address: _____ City, State, Zip: _____ Telephone: _____ Lease Account #: _____	Equipment Description: _____ Selling Price New: _____ Date of Lease: _____ Annual Rent: _____ Length of Lease: _____ Ending Date: _____
Owner / Lessor: _____ Mailing Address: _____ City, State, Zip: _____ Telephone: _____ Lease Account #: _____	Equipment Description: _____ Selling Price New: _____ Date of Lease: _____ Annual Rent: _____ Length of Lease: _____ Ending Date: _____

E IMPROVEMENTS TO LEASED PROPERTY

Total cost of all leasehold improvements made in 2012: \$ _____ 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 LEGALLY AUTHORIZED PERSON - Please check the capacity in which you are signing the affirmation.

For Individual Taxpayers: Taxpayer Guardian Person having knowledge of and charged with the care of the taxpayer and property
 Authorized agent. If this capacity is selected, I certify that I have NCDOR Form AV-59 on the file for this taxpayer: Yes No

For Corporations, Partnerships, Limited Liability Companies, and Unincorporated Associations:
 Principal officer of the taxpayer Full-time employee of the taxpayer officially empowered to list the property
Title: _____ **Title:** _____
 Authorized agent. If this capacity is selected, I certify that I have NCDOR Form AV-59 on the file for this taxpayer: Yes No

Under penalties prescribed by law, I affirm that to the best of my knowledge and belief this listing, including any accompanying statements, inventories, schedules, and any other information is true and complete. (If this is signed by an individual other than the taxpayer, he affirms that he is familiar with the extent and true value of all of the taxpayer's property subject to taxation in this county and that his affirmation is based on all the information of which he has any knowledge.)

Signature _____ Date _____ Telephone Number _____
Print Name _____ Email Address _____

Any individual who willfully makes and subscribes an abstract listing required by the Subchapter II of Chapter 105 of the NC General Statutes which he does not believe to be true and correct as to every material matter shall be guilty of a Class 2 misdemeanor. (Punishable by imprisonment up to 6 months).