

Due by: January 31, 2014

www.wakegov.com/tax
 Tel (919) 856-5400

ACCOUNT	YEAR	CITY	FIRE	TYPE	REID	LLP	VALUE

Business Location:

Name: _____
Company: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Trade Name: _____ COST CENTER _____

Bus. Begin Date: _____ Bus. Yr End: _____
 Type of Bus: _____
 Sole Prop: () Partnership: () Corp () LLP () LLC ()
 Phone: _____ Ext: _____ NAICS Code: _____
 Alt Phone: _____ Ext: _____ Fed ID: _____
 Fax: _____
 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, 2014 AT COST
	Office, Medical, Dental, Beauty, Maintenance, etc.* _____
	Fuels of all kinds _____
	Spare parts for equipment _____
	Expensed items _____
	All other _____
	Total \$ _____

*Rule: If actual supply inventory as of January 1 is unknown, report 1/12 of annual expenditure.

C PERSONAL PROPERTY - SEE INSTRUCTIONS				
YEAR ACQUIRED	GROUP 1			
	COST	ADDITIONS	DELETIONS	TOTAL
2013				
2012				
2011				
2010				
2009				
2008				
2007				
2006				
2005				
2004				
2003				
2002				
2001				
2000				
1999				
1998				
PRIOR				
TOTAL				
YEAR ACQUIRED	GROUP 2			
	COST	ADDITIONS	DELETIONS	TOTAL
2013				
2012				
2011				
2010				
2009				
2008				
2007				
PRIOR				
TOTAL				
YEAR ACQUIRED	GROUP 3			
	COST	ADDITIONS	DELETIONS	TOTAL
2013				
2012				
2011				
2010				
PRIOR				
TOTAL				

B CIP (PLEASE ATTACH SCHEDULE)				
Report 100% of cost of all personal property carried in a CIP account				
as of January 1, 2014 \$ _____				
YEAR ACQUIRED	GROUP 4			
	COST	ADDITIONS	DELETIONS	TOTAL
2013				
2012				
2011				
2010				
2009				
2008				
2007				
2006				
2005				
2004				
2003				
2002				
2001				
2000				
1999				
1998				
PRIOR				
TOTAL				
YEAR ACQUIRED	GROUP 5			
	COST	ADDITIONS	DELETIONS	TOTAL
2013				
2012				
2011				
2010				
2009				
2008				
2007				
2006				
2005				
2004				
2003				
2002				
2001				
2000				
1999				
1998				
1997				
1996				
1995				
1994				
1993				
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 Description: _____
Mailing Address: _____	Selling Price New: _____
City, State, Zip _____	Date of Lease: _____ Annual Rent: _____
Telephone: _____	Length of Lease: _____ Ending Date: _____
Lease Account #: _____	

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

E IMPROVEMENTS TO LEASED PROPERTY

Total cost of all leasehold improvements made in 2013: \$ _____ 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: _____ Email: _____

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).