

ACCOUNT	YEAR	CITY	FIRE	TYPE	REID	LLP	VALUE
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<b>Business Location:</b>				Bus. Begin Date:		Bus. Yr End:	
<b>Name:</b> _____				Type of Bus.			
<b>Company:</b> _____				Sole Prop: ( ) Partnership: ( ) Corp: ( ) LLP: ( ) LLC: ( )			
<b>Address:</b> _____				Phone:		Ext: NAICS Code:	
<b>City:</b> _____ <b>State:</b> _____ <b>Zip:</b> _____				Alt. Phone:		Ext: Fed ID:	
<b>Trade Name:</b> _____				Fax:		Email:	
COST CENTER				Employees (This location only) F/T		P/T	

<b>COMPLETE IF BUSINESS HAS CLOSED:</b>		Date Sold:	New Owner's Name:
		Telephone:	Address:

<b>A</b>	<b>SUPPLIES ON HAND JANUARY 1, 2015 AT COST</b>
Office, Medical, Dental, Beauty, Maintenance, etc.*	_____
Fuels of all kinds	_____
Spare parts for equipment	_____
Expensed Items	_____
All other	_____
Total	\$ _____

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

<b>C</b>	<b>PERSONAL PROPERTY- SEE INSTRUCTIONS</b>			
<b>YEAR ACQUIRED</b>	<b>GROUP 1</b>			
	<b>COST</b>	<b>ADDITIONS</b>	<b>DELETIONS</b>	<b>TOTAL</b>
2014				
2013				
2012				
2011				
2010				
2009				
2008				
2007				
2006				
2005				
2004				
2003				
2002				
2001				
2000				
1999				
PRIOR				
TOTAL				
<b>YEAR ACQUIRED</b>	<b>GROUP 2</b>			
	<b>COST</b>	<b>ADDITIONS</b>	<b>DELETIONS</b>	<b>TOTAL</b>
2014				
2013				
2012				
2011				
2010				
2009				
2008				
PRIOR				
TOTAL				
<b>YEAR ACQUIRED</b>	<b>GROUP 3</b>			
	<b>COST</b>	<b>ADDITIONS</b>	<b>DELETIONS</b>	<b>TOTAL</b>
2014				
2013				
2012				
2011				
2010				
PRIOR				
TOTAL				

<b>B</b>	<b>CIP (PLEASE ATTACH SCHEDULE)</b>
Report 100% of cost of all personal property carried in a CIP account	
as of January 1, 2015 \$ _____	

<b>YEAR ACQUIRED</b>	<b>GROUP 4</b>			
	<b>COST</b>	<b>ADDITIONS</b>	<b>DELETIONS</b>	<b>TOTAL</b>
2014				
2013				
2012				
2011				
2010				
2009				
2008				
2007				
2006				
2005				
2004				
2003				
2002				
2001				
2000				
1999				
PRIOR				
TOTAL				
<b>YEAR ACQUIRED</b>	<b>GROUP 5</b>			
	<b>COST</b>	<b>ADDITIONS</b>	<b>DELETIONS</b>	<b>TOTAL</b>
2014				
2013				
2012				
2011				
2010				
2009				
2008				
2007				
2006				
2005				
2004				
2003				
2002				
2001				
2000				
1999				
1998				
1997				
1996				
1995				
1994				
PRIOR				
TOTAL				

**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 #: _____	

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 #: _____	

**E IMPROVEMENTS TO LEASED PROPERTY**

Total cost of all leasehold improvements made in 2014: \$ \_\_\_\_\_ 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 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 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 that he does not believe to be true and correct as to every material matter shall be guilty of a Class 2 misdemeanor.**