

Account #	Federal ID	Business Begin Date	Business Year End	Cost Center	NAICS Code	Value
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**Business/Owner Name:** \_\_\_\_\_ **Trade Name:** \_\_\_\_\_

**Business Location:** \_\_\_\_\_ **Select One:** Corp. LLP LLC Partnership Sole Prop

**Business Telephone:** \_\_\_\_\_ **Employees (This location only):** \_\_\_\_\_ F/T \_\_\_\_\_ P/T

**Mailing Address:** \_\_\_\_\_ **Contact Name:** \_\_\_\_\_

\_\_\_\_\_ **Contact E-mail:** \_\_\_\_\_

\_\_\_\_\_ **Telephone:** \_\_\_\_\_

**COMPLETE IF BUSINESS HAS CLOSED:** Date Sold: \_\_\_\_\_ New Owner's Name: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Address: \_\_\_\_\_

A SUPPLIES ON HAND JANUARY 1, 2016 AT COST	
Office, Medical, Dental, Beauty, Maintenance, etc.*	_____
Fuels of all kinds	_____
Spare parts for equipment	_____
Expensed items	_____
All other	_____
<b>Total</b>	<b>\$</b> _____

\*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
2015				
2014				
2013				
2012				
2011				
2010				
2009				
2008				
2007				
2006				
2005				
2004				
2003				
2002				
2001				
2000				
PRIOR				
TOTAL				

YEAR ACQUIRED	Group 2			
	COST	ADDITIONS	DELETIONS	TOTAL
2015				
2014				
2013				
2012				
2011				
2010				
2009				
PRIOR				
TOTAL				

YEAR ACQUIRED	Group 3			
	COST	ADDITIONS	DELETIONS	TOTAL
2015				
2014				
2013				
2012				
2011				
PRIOR				
TOTAL				

**B CIP (PLEASE ATTACH SCHEDULE)**

Report 100% of cost of all personal property carried in a CIP account  
 as of January 1, 2016 \$ \_\_\_\_\_

YEAR ACQUIRED	Group 4			
	COST	ADDITIONS	DELETIONS	TOTAL
2015				
2014				
2013				
2012				
2011				
2010				
2009				
2008				
2007				
2006				
2005				
2004				
2003				
2002				
2001				
2000				
PRIOR				
TOTAL				

YEAR ACQUIRED	Group 5			
	COST	ADDITIONS	DELETIONS	TOTAL
2015				
2014				
2013				
2012				
2011				
2010				
2009				
2008				
2007				
2006				
2005				
2004				
2003				
2002				
2001				
2000				
1999				
1998				
1997				
1996				
1995				
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 2015: \$ \_\_\_\_\_ 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 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 listing 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.**