

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, 2018 AT COST	
Office, Medical, Dental, Beauty, Maintenance, etc.*	_____
Fuels of all kinds	_____
Spare parts for equipment	_____
Expensed items <i>(Not to exceed \$500 per item)</i>	_____
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
2017				
2016				
2015				
2014				
2013				
2012				
2011				
2010				
2009				
2008				
2007				
2006				
2005				
2004				
2003				
2002				
PRIOR				
TOTAL				

YEAR ACQUIRED	Group 2			
	COST	ADDITIONS	DELETIONS	TOTAL
2017				
2016				
2015				
2014				
2013				
2012				
2011				
PRIOR				
TOTAL				

YEAR ACQUIRED	Group 3			
	COST	ADDITIONS	DELETIONS	TOTAL
2017				
2016				
2015				
2014				
2013				
PRIOR				
TOTAL				

B CIP (PLEASE ATTACH SCHEDULE)

Report 100% of cost of all personal property carried in a CIP account
 as of January 1, 2018 \$ _____

YEAR ACQUIRED	Group 4			
	COST	ADDITIONS	DELETIONS	TOTAL
2017				
2016				
2015				
2014				
2013				
2012				
2011				
2010				
2009				
2008				
2007				
2006				
2005				
2004				
2003				
2002				
PRIOR				
TOTAL				

YEAR ACQUIRED	Group 5			
	COST	ADDITIONS	DELETIONS	TOTAL
2017				
2016				
2015				
2014				
2013				
2012				
2011				
2010				
2009				
2008				
2007				
2006				
2005				
2004				
2003				
2002				
2001				
2000				
1999				
1998				
1997				
PRIOR				
TOTAL				

*** COMPLETE AND SIGN BACK OF FORM ***

