

(A) NAME & ADDRESS (PLEASE MAKE CORRECTIONS)

CONTACT PERSON FOR AUDIT: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 PHONE: \_\_\_\_\_  
 EMAIL ADDRESS \_\_\_\_\_  
 IF OUT OF BUSINESS - DATE CLOSED \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 ALL EQUIPMENT SOLD (Y) \_\_\_\_ (N) \_\_\_\_  
 SOLD \_\_\_\_ BANKRUPT \_\_\_\_ CLOSED \_\_\_\_ OTHER \_\_\_\_  
 SOLD TO? \_\_\_\_\_  
 PHYSICAL ADDRESS \_\_\_\_\_  
 REAL ESTATE OWNED BY \_\_\_\_\_  
 PRINCIPAL BUSINESS IN THIS COUNTY \_\_\_\_\_  
 DATE BUSINESS BEGAN IN THIS COUNTY \_\_\_\_\_  
 NAME IN WHICH BUSINESS WAS LISTED LAST YEAR \_\_\_\_\_  
 OTHER N.C COUNTIES WHERE PERSONAL PROPERTY IS LOCATED: \_\_\_\_\_  
 CHECK ONE: CORPORATION \_\_\_\_ SOLE PROPRIETORSHIP \_\_\_\_ PARTNERSHIP \_\_\_\_  
 UNINCORPORATED ASSOCIATION \_\_\_\_ OTHER (SPECIFY) \_\_\_\_\_  
 CHECK BUSINESS CATEGORY: RETAIL \_\_\_\_ WHOLESALE \_\_\_\_ SERVICE \_\_\_\_  
 MANUFACTURING \_\_\_\_ LEASING/RENTAL \_\_\_\_ OTHER (SPECIFY) \_\_\_\_\_

SCHEDULE A PERSONAL PROPERTY - SEE INSTRUCTIONS				
YEAR ACQUIRED	GROUP (1) MACHINERY/EQUIPMENT & FIXTURES			
	PRIOR YR. COST	ADDITIONS	DELETIONS	CURR. YR. COST
2022				
2021				
2020				
2019				
2018				
2017				
2016				
2015				
2014				
2013				
2012				
2011				
2010				
2009				
2008				
PRIOR				
TOTAL				

ONLINE RECORD NBR	ACCOUNT NUMBER	ABSTRACT NUMBER
	FIRE DISTRICT	TOWNSHIP

YEAR ACQUIRED	GROUP (2) LEASEHOLD IMPROVEMENTS			
	PRIOR YR. COST	ADDITIONS	DELETIONS	CURR. YR. COST
2022				
2021				
2020				
2019				
2018				
2017				
2016				
2015				
2014				
2013				
PRIOR				
TOTAL				

YEAR ACQUIRED	GROUP (3) OFFICE FURNITURE & FIXTURES			
	PRIOR YR. COST	ADDITIONS	DELETIONS	CURR. YR. COST
2022				
2021				
2020				
2019				
2018				
2017				
2016				
PRIOR				
TOTAL				

YEAR ACQUIRED	GROUP (4) COMPUTER EQUIPMENT			
	PRIOR YR. COST	ADDITIONS	DELETIONS	CURR. YR. COST
2022				
2021				
2020				
2019				
PRIOR				
TOTAL				

YEAR ACQUIRED	GROUP (5) EXPENSED ITEMS			
	PRIOR YR. COST	ADDITIONS	DELETIONS	CURR. YR. COST
2022				
2021				
2020				
2019				
2018				
2017				
2016				
2015				
PRIOR				
TOTAL				

YEAR ACQUIRED	GROUP (6) OTHER			
	PRIOR YR. COST	ADDITIONS	DELETIONS	CURR. YR. COST
2022				
2021				
PRIOR				
TOTAL				

GROUP (7) SUPPLIES				See instructions
TYPE	COST	TYPE	COST	
1.		4.		
2.		5.		
3.		Total		

GROUP (8) CONSTRUCTION IN PROGRESS			
LIST TOTAL OF ALL PERSONAL PROPERTY EXPENDITURES IN CIP ACCOUNT ON JANUARY 1, BUT NOT INCLUDED ABOVE - ITEMIZE IN SCHEDULE H			
TOTAL CIP: \$			

RETURN LISTING BY JANUARY 31, 2023  
 EXTENSIONS GRANTED BY WRITTEN REQUEST  
 FOR PROOF OF MAILING SEND CERTIFIED MAIL RETURN RECEIPT

IF YOU NEED ADDITIONAL SPACE TO LIST PROPERTY UNDER SCHEDULE B OR C, WRITE "SEE ATTACHED" ON THIS FORM AND ATTACH A SEPARATE REPORT IN THE SAME FORMAT.

LISTED ITEMS: DRAW A LINE THROUGH ITEMS LISTED BELOW NOT IN YOUR POSSESSION ON JANUARY 1, 2022. LIST ADDITIONAL ITEMS IN APPROPRIATE SPACES.

<b>SCHEDULE B</b>	<b>VEHICULAR EQUIPMENT &amp; MOBILE HOMES OR MOBILE OFFICES</b>
IN ACCORDANCE WITH NORTH CAROLINA LAW, ALL TAXPAYERS ARE REQUIRED TO LIST THE FOLLOWING PERSONAL PROPERTY EACH YEAR:	
MOBILE HOMES AND MOBILE OFFICES, BOATS, BOAT MOTORS, ALL OTHER WATERCRAFT, ALL AIRCRAFT, ALL UNTAGGED VEHICLES INCLUDING AUTOMOBILES, TRUCKS, TRAILERS, MOTORCYCLES, CAMPING/TRAVEL TRAILERS, PERMANENTLY TAGGED/MULTI-YEAR TAGGED TRAILERS, IRP(International Registration Plan) PLATED VEHICLES. NOTE: VEHICLES THAT ARE CURRENTLY TAGGED AND RENEWED YEARLY SHOULD NOT BE LISTED.	

YEAR / MAKE	MODEL & DESCRIPTION LENGTH-WIDTH-HORSEPOWER MOTOR	PURCHASE PRICE	LOCATION OF PERSONAL PROPERTY

<b>SCHEDULE C</b>	<b>LEASED PROPERTY OR PROPERTY IN YOUR POSSESSION THAT IS OWNED BY OTHERS</b>				
NAME AND ADDRESS OF OWNER	DESCRIPTION OF PROPERTY	LEASE/ACCT #	MO. PAYMENT	COST NEW	START/END LEASE DATES

<b>SCHEDULE G</b>	<b>ACQUISITIONS &amp; DISPOSALS DETAILS</b>
During the past calendar year, did your business acquire or dispose of any machinery, equipment, furniture and fixtures, computer equipment, or improvements to lease property? If yes, attach separate Schedule G-1 with requested information. <input type="radio"/> Yes <input type="radio"/> No	

<b>SCHEDULE H</b>	<b>REAL ESTATE IMPROVEMENTS</b>
During the past calendar year, did your business make improvements and/or other additions to real property owned by your business? If yes, attach separate Schedule H-1 with information on such improvements. <input type="radio"/> Yes <input type="radio"/> No	

<b>SCHEDULE I</b>	<b>BILLBOARDS - OUTDOOR ADVERTISING STRUCTURES</b>
Does your business own any billboards, or outdoor advertising structures? If yes, attach separate Schedule I-1 with requested information. <input type="radio"/> Yes <input type="radio"/> No	

<b>SCHEDULE J</b>	<b>LEASED EQUIPMENT TO OTHERS</b>
Does your business lease equipment to others? If yes, attach separate Schedule J-1 with requested information. <input type="radio"/> Yes <input type="radio"/> No	

<b>AFFIRMATION</b>	
<b>LISTING FORM MUST BE SIGNED BY A LEGALLY AUTHORIZED PERSON                  PLEASE CHECK THE CAPACITY IN WHICH YOU ARE SIGNING THE AFFIRMATION</b>	
For Individual Taxpayers: <input type="checkbox"/> Taxpayer <input type="checkbox"/> Guardian <input type="checkbox"/> Authorized Agent <input type="checkbox"/> Other person having knowledge of and charged with care of person and property of taxpayer	
For Corporations, Partnerships, Limited Liability Companies, Unincorporated Associations:	
<input type="checkbox"/> Principal Officer of the Taxpayer Title _____	
<input type="checkbox"/> Full-time employee of the taxpayer who has been officially empowered by a principal officer to list the property and sign the Affirmation. Title _____	
<input type="checkbox"/> Authorized agent. If this capacity is selected, I certify that I have attached a copy of NCDOR Form AV-59 on file for this taxpayer: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Under penalties prescribed by law, I hereby 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/she affirms that he/she is familiar with the extent and true value of all the taxpayer's property subject to taxation in this county and that his/her affirmation is based on all the information of which he/she has any knowledge.)	

Signature	Date	Authorized Agent Address
Print Name		
Telephone Number	Fax Number	Email Address

Any individual who willfully makes and subscribes a listing required by Subchapter II of Chapter 105 of the North Carolina General Statutes which he/she does not believe to be true and correct as to every material matter shall be guilty of a Class 2 Misdemeanor. (Punishable by imprisonment of up to 60 days).