(Read instruction sheet before preparing this listing)

RICHMOND COUNTY - BUSINESS PERSONAL PROPERTY LISTING

2015

QUESTIONS APPLICABLE TO TAXPAYER MUST BE ANSWERED

ACCOUNT NUMBER	DESCRIPTION	LOTS/ACRES	PARCEL I.D. NUMBER	RECORD #	FLAG	ABSTRACT

REAL			AGEX					TOWNSHIP	
								CITY-TOWN	
INVE			OTHX					FIRE DIST	
MACH								OTH DIST	
FARM			NOMH			NOMV			
MOTV			DOGS			LTLS			

MAKE NAME AND ADDRESS CORRECTIONS PLEASE

IF OUT OF BUSINESS COMPLETE BELOW
Business Closed ☐ Sold ☐ Bankrupt ☐
If Sold To Whom?
Name
Address

Principal Business Activity _____ Fiscal Year End _____
Location of Property (Street Address) _____
Sole Proprietorship( ) Partnership( ) Corporation( ) Unincorporated Association( ) Other (specify)( )
Tax ID# or Social Security # _____
Wholesale Merchant( ) Retail Merchant( ) Manufacturer( ) Service( ) Leasing/Rental( ) Other (specify) ( )
Person to contact for audit: (name, address, telephone number) _____

SCHEDULE A - MACHINERY, EQUIPMENT, FURNITURE, FIXTURES, LEASEHOLD IMPROVEMENTS, FORK LIFTS, COMMERCIAL AND INDUSTRIAL TYPE TRACTOR

LIST AT 100% COST BY YEAR OF ACQUISITION. INCLUDE ALL FULLY DEPRECIATED ASSETS IN YOUR POSSESSION AS OF JANUARY 1.

YEAR ACQUIRED	MACHINERY & EQUIPMENT	FURNITURE & FIXTURES	COMPUTER EQUIPMENT	LEASEHOLD IMPROVEMENTS	EXPENSED ITEMS	FORKLIFTS AND ALL TYPE TRACTORS	TOTAL	DEPARTMENT USE ONLY
PRIOR								
TOTAL								

EXPENDITURES CAPITALIZED AS CONSTRUCTION IN PROGRESS DURING 2014 _____

SCHEDULE B - UNREGISTERED VEHICLES INCLUDE CARS, TRUCKS, TRACTOR-TRAILERS USED IN CONNECTION WITH THE BUSINESS.

YEAR	MAKE	MODEL OR SERIES	BODY STYLE	VEHICLE IDENTIFICATION NUMBER	LIST BODY OR SPECIAL EQUIPMENT MOUNTED ON TRUCKS SEPARATELY AT 100% COST (SEE INSTRUCTIONS)	100% ORIGINAL COST	YEAR ACQUIRED	DEPARTMENT USE ONLY

IMPORTANT: You no longer need to list vehicles which are licensed. Do list any unlicensed motor vehicles you may own.

NOTE: Forklifts, commercial and industrial type tractors must be listed in Schedule A.

SCHEDULE C - OTHER EQUIPMENT OWNED AS OF JANUARY 1

OTHER EQUIPMENT ADDED AFTER ORIGINAL PURCHASE SHOULD BE LISTED SEPARATELY (ATTACH SCHEDULE IF NECESSARY).

TYPE	YR	MAKE/MODEL	SIZE	COST AND DATE PURCHASED	IDENTIFICATION (NAME/NUMBER)	ENGINE TYPE*	LOCATION OF ITEM (MARINA, AIRPORT, M.H. PARK	DEPARTMENT USE ONLY
BOAT								
BOAT MOTOR			HP					
BOAT								
BOAT MOTOR			HP					
BOAT								
BOAT MOTOR			HP					
AIRCRAFT								
AIRCRAFT								
AIRCRAFT								
MOBILE HOME			x					
MOBILE HOME			x					
MOBILE HOME			x					

*NOTE ENGINE TYPE: INBOARD = INB OUTBOARD = OB INBOARD/OUTBOARD =

SCHEDULE D - ACQUISITIONS AND/OR DISPOSALS

OF MACHINERY, EQUIPMENT, FURNITURE AND FIXTURES SINCE JANUARY 1, 2014. (ATTACH SCHEDULE IF NECESSARY).

ACQUISITIONS - ITEMIZE IN DETAIL	100% COST INSTALLED	DISPOSAL - ITEMIZE IN DETAIL	YEAR ACQUIRED	100% ORIGINAL COST

SCHEDULE E - ADDITIONS AND/OR DELETIONS TO LEASEHOLD IMPROVEMENTS SINCE **JANUARY 1, 2014.**

ITEMIZE IN DETAIL (ATTACH SCHEDULE IF NECESSARY).

	YEAR ACQUIRED	100% ORIGINAL COST
OWNER OF REAL ESTATE WHERE LEASEHOLD IMPROVEMENTS ARE LOCATED:		

SCHEDULE F - SUPPLIES

ALL EXPENDABLE SUPPLIES ARE TO BE REPORTED IN THIS SECTION. REPORT COST OF SUPPLIES ON HAND AS OF JANUARY 1.

OFFICE SUPPLIES	
MAINTENANCE & JANITORIAL SUPPLIES	
MEDICAL, DENTAL, OR OTHER PROFESSIONAL SUPPLIES	
BEAUTY SHOP & BARBER SUPPLIES	
FUELS OF ALL KINDS	
EQUIPMENT SPARE PARTS	
ALL OTHER SUPPLIES & MATERIALS NOT HELD FOR SALE	
TOTAL SUPPLIES	

ALL SECTIONS OF THIS RETURN MUST BE COMPLETED PER INSTRUCTIONS OR IT WILL BE REJECTED.
IF A SECTION DOES NOT APPLY, SO INDICATE, DO NOT LEAVE IT BLANK, DO NOT FILL IN "SAME AS LAST YEAR."

A COPY OF YOUR LATEST BALANCE SHEET AND DEPRECIATION SCHEDULE
OR ANY STATEMENTS OR SCHEDULES YOU DEEM NECESSARY SHOULD ACCOMPANY THIS LISTING.

AFFIRMATION OF TAXPAYER

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 other information, is true and complete. (If this affirmation is signed by an individual other than the taxpayer, he affirms that he is familar with the extent and true value of all 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.) Listing **MUST** be signed by a principal officer or full-time employee of taxpayer.

SIGNATURE _____ DATE _____

PREPARER OTHER THAN TAXPAYER _____ DATE _____

TITLE _____ TELEPHONE NUMBER _____

ADDRESS _____ TELEPHONE NUMBER _____

PROPERTY IN YOUR POSSESSION OWNED BY OTHERS JANUARY 1

(THIS PAGE SHOULD BE RETURNED BY JANUARY 15)

NAME _____ ACCOUNT NO. _____

SCHEDULE G - EQUIPMENT OWNED BY OTHERS IN YOUR POSSESSION ON JANUARY 1.
IF YOU HAD IN YOUR POSSESSION ANY BUSINESS MACHINES, POSTAGE METERS, MACHINERY, EQUIPMENT, FURNITURE, TOOLS, SIGNS, VENDING MACHINES, MUSIC MACHINES, GAME MACHINES, BOATS, ETC., WHICH ARE LEASED; OR OTHERWISE HELD AND NOT OWNED BY YOU, THE VALUE OF WHICH DOES NOT APPEAR ON YOUR ASSET ACCOUNTS, SUCH PROPERTY SHOULD BE REPORTED BELOW. (ATTACH SCHEDULE IF NECESSARY).

NAME AND ADDRESS OF OWNER	DESCRIPTION OF PROPERTY	DATE OF LEASE	MONTHLY PAYMENT	LENGTH OF LEASE	ACCOUNT OR LEASE NUMBER	SELLING PRI NEW

SCHEDULE H — CHANGES TO REAL PROPERTY

Owner or Corp. Name _____

DBA _____

Address _____

State _____

Person to Contact for Additional Information

Name _____

Address _____

Phone Number _____

Additions and/or deletions: (specify which)

Location: State Township and Tax Map-Block-Lot Number if known.	Brief Description	Construction Cost	% Complete January 1

RICHMOND COUNTY TAX OFFICE
114 E. FRANKLIN ST., ROOM 107
ROCKINGHAM, NC 28379
PHONE (910) 997-8275