

COUNTY OF: MOORE

BUSINESS PERSONAL PROPERTY LISTING

RETURN TO:
MOORE COUNTY TAX DEPARTMENT
PO BOX 457
CARTHAGE NC 28327-0457

Phone: 910-947-2255
 Fax: 910-947-6340

PAR ID	CUSTOMER ID (CID)	TWP	JURISDICTION
PHYSICAL ADDRESS: _____			
PHYSICAL ADDRESS PAR ID: _____			
PARTNERSHIP _____ CORPORATION _____ SOLE PROPRIETORSHIP _____			
EMAIL ADDRESS _____ NAICS CODE _____			
DATE BUSINESS BEGAN IN COUNTY: _____			

RETURN LISTING BY: JANUARY 31, 2016
 TAX YEAR: 2016
 EXTENSION TO: APRIL 15, 2016
 BY WRITTEN REQUEST OR EMAIL AT
buslist@moorecountync.gov BY JANUARY 31, 2016
 BLANK FORMS ARE AVAILABLE AT:
<http://www.moorecountync.gov/>

PRIOR YEAR LISTING WAS MADE IN THE NAME OF :(IF NEW BUSINESS, DATE OPENED) _____
 FISCAL YEAR END: _____ PRINCIPAL BUSINESS ACTIVITY: _____
 OWNER/PARTNERS: _____ CORPORATE HOME OFFICE: _____
 LOCATION OF ACCOUNTING RECORDS AND CONTACT PERSON FOR AUDIT (Name, Address and Phone) _____

OTHER N.C. COUNTIES WHERE PERSONAL PROPERTY IS LOCATED: _____

SCHEDULE A | DEPRECIABLE PERSONAL PROPERTY

LIST 100% COST BY YEAR OF ACQUISITION. INCLUDE ALL FULLY DEPRECIATED ASSETS IN YOUR POSSESSION. USE ACQUISITION COLUMN FOR NEW BUSINESS AND REMOVAL COLUMN TO INDICATE PRIOR YEAR CHANGES

YEAR	GRP. (1) MACHINERY & EQUIPMENT			(2) OFFICE FURNITURE & FIXTURES			(3) LEASEHOLD IMPROVEMENTS		
	PRIOR YR. COST	ACQUISITIONS	REMOVALS	PRIOR YR. COST	ACQUISITIONS	REMOVALS	PRIOR YR. COST	ACQUISITIONS	REMOVALS
2015									
2014									
2013									
2012									
2011									
2010									
2009									
2008									
2007									
2006									
2005									
2004									
2003									
PRIOR									
TOTAL									

YEAR	(4) COMPUTER EQUIPMENT			(5) MISCELLANEOUS & FARM EQUIPMENT					
	PRIOR YR. COST	ACQUISITIONS	REMOVALS	CODE	YEAR	DESCRIPTION	YEAR ACQUIRED	ORIGINAL COST	VALUE
2015									
2014									
2013									
2012									
2011									
2010									
2009									
2008									
2007									
2006									
2005									
2004									
2003									
PRIOR									
TOTAL									

PLEASE MARK THROUGH ANY ITEM YOU DO NOT OWN
 JANUARY 1ST

SEE REVERSE SIDE

SCHEDULE A (6) CONSTRUCTION IN PROGRESS

SCHEDULE B LIST CHANGES IN LAND AND BUILDINGS

CIP _____ LIST AT 100% COST: _____

NEW CONSTRUCTION PROPERTY IMPROVEMENTS LEASE IMPROVEMENTS
SPECIFY: _____ NONE

SCHEDULE C COMPANIES OUT OF BUSINESS

SOLD TO: _____ CONSTRUCTION COST: \$ _____

IF OUT OF BUSINESS COMPLETE THIS SECTION ONLY
DATE OUT OF BUSINESS: _____ N/A
SOLD CLOSED BANKRUPT OTHER
SOLD TO WHOM: _____
NAME: _____
ADDRESS: _____

SCHEDULE D EXPENSED ITEMS

LIST ANY ITEMS THAT YOU HAVE EXPENSED:
2015 _____
PRIOR: _____

SCHEDULE E

SUPPLIES NOT HELD FOR RESALE

LIFO NOT ACCEPTABLE

GROUP (7) SUPPLIES AS OF JANUARY 1

1. FUELS (HELD FOR CONSUMPTION).....	100% COST	\$
2. MAINTENANCE AND JANITORIAL SUPPLIES	100% COST	\$
3. OFFICE SUPPLIES	100% COST	\$
4. MEDICAL, DENTAL, BEAUTY & BARBER	100% COST	\$
5. REPLACEMENT PARTS, SPARE PARTS, HAND TOOLS	100% COST	\$
6. RESTAURANT, HOTEL AND MOTEL ITEMS SUCH AS LINENS, CHINA, SILVERWARE.....	100% COST	\$
7. ALL OTHER MISCELLANEOUS SUPPLIES NOT CODED ABOVE	100% COST	\$
8. OTHER	100% COST	\$
TOTAL		\$

SCHEDULE F

GROUP (8) UNLICENSED VEHICLES/MULTI-YEAR TAGS

VEHICLES THAT ARE NOT REGISTERED ANNUALLY THROUGH THE NORTH CAROLINA DEPARTMENT OF MOTOR VEHICLES AND VEHICLES NOT OWNED AS "DAILY RENTALS" SHOULD BE LISTED IN THIS SECTION WHICH WOULD INCLUDE: MULTI-YEAR TAGGED TRAILERS, UNREGISTERED VEHICLES AND IRP PLATED VEHICLES. THE COST OF SPECIAL EQUIPMENT OR BODY ATTACHMENTS NOT INCLUDED WITH VEHICLE COST SHOULD BE LISTED IN GROUP ONE ON THE FRONT OF THIS PAGE.

VEHICLE TYPE	MAKE	YEAR	LICENSE TAG #	COMPLETE VEHICLE IDENTIFICATION NUMBER	DATE OF PURCHASE	NEW USED	ORIGINAL COST
TOTAL							

SCHEDULE G

GROUP (9) LEASED ITEMS

IF ON JANUARY 1, YOU HAVE IN YOUR POSSESSION ANY MACHINERY, EQUIPMENT, OFFICE FURNITURE AND FIXTURES, MOTOR VEHICLES, AIRPLANES WHICH ARE LOANED, LEASED, STORED OR OTHERWISE HELD AND NOT OWNED BY YOU. THE VALUE OF WHICH DOES NOT APPEAR ON YOUR ASSETS, ACCOUNTS, AND IS NOT INCLUDED IN YOUR RETURN OF PERSONAL PROPERTY, THE OWNER, ADDRESS, KIND AND NATURE OF SUCH EQUIPMENT SHOULD BE REPORTED BELOW.

NAME OF OWNER OR COMPANY & ADDRESS	YEAR	MODEL	BODY TYPE OR BED	VIN NUMBER	DATE LEASE STARTED
1. _____					
2. _____					
3. _____					
4. _____					
5. _____					
6. _____					

NONE

REMARKS: _____

AFFIRMATION OF PROPERTY OWNER Under penalties prescribed by law, I as principal officer or officially empowered, fulltime employee of taxpayer do hereby affirm that to the best of my knowledge and belief this listing, including any accompanying statements, schedules, and other information, is true and complete. (G.S. 105-310-311)

PREPARED BY: _____
PHONE NO: _____ SIGNATURE: _____
DATE SIGNED: _____ TITLE: _____

MUST HAVE OWNER OR PRINCIPAL OFFICER'S SIGNATURE. ACCOUNTANTS SIGNATURE NOT APPLICABLE UNLESS A FULL TIME EMPLOYEE OF THE COMPANY.

COMPLETE ALL APPLICABLE SECTIONS OF THIS FORM OR IT WILL BE REJECTED

ATTACH ANY STATEMENTS OR SCHEDULES YOU DEEM NECESSARY.

ANY INDIVIDUAL WHO WILLFULLY MAKES AND SUBSCRIBES AN ABSTRACT LISTING REQUIRED BY THE SUBCHAPTER (OF THE REVENUE LAWS) WHICH HE DOES NOT BELIEVE TO BE TRUE AND CORRECT AS TO EVERY MATERIAL MATTER SHALL BE GUILTY OF A CLASS 2 MISDEMEANOR (PUNISHABLE BY IMPRISONMENT UP TO 60 DAYS)