

TAX YEAR 2021
 FRANKLIN COUNTY BUSINESS PERSONAL
 PROPERTY LISTING

RETURN LISTING BY: JANUARY 31
EXTENSION TO APRIL 15, WILL BE APPROVED ONLY
BY WRITTEN REQUEST RECEIVED PRIOR TO JANUARY 31



8020BPPL 11/20/20 Pantone Purple, Y, K

IMPORTANT - Please make sure we have your correct name and mailing address above

PARCEL ID	ACCOUNT NUMBER	JURISDICTION	SEQUENCE #

PHYSICAL ADDRESS _____
 PHONE #(____) _____ FAX #(____) _____
 REAL ESTATE OWNED BY _____

SCHEDULE A PERSONAL PROPERTY

YEAR ACQUIRED	GROUP (1) MACHINERY / EQUIPMENT			
	PRIOR YR COST	ADDITIONS	DELETIONS	CURR YR COST
2020				
2019				
2018				
2017				
2016				
2015				
2014				
2013				
2012				
2011				
2010				
2009				
2008				
PRIOR				
TOTAL				

YEAR ACQUIRED	GROUP (2) OFFICE EQUIPMENT, FURNITURE & FIXTURES			
	PRIOR YR COST	ADDITIONS	DELETIONS	CURR YR COST
2020				
2019				
2018				
2017				
2016				
2015				
2014				
PRIOR				
TOTAL				

YEAR ACQUIRED	GROUP (3) COMPUTER EQUIPMENT			
	PRIOR YR COST	ADDITIONS	DELETIONS	CURR YR COST
2020				
2019				
2018				
2017				
PRIOR				
TOTAL				

NAME IN WHICH BUSINESS WAS LISTED LAST YEAR: _____
 PRINCIPAL BUSINESS ACTIVITY IN THIS COUNTY _____
 FED. ID# _____
 CHECK ONE> CORPORATION SOLE PROPRIETORSHIP PARTNERSHIP
 LLC OTHER (SPECIFY) _____
 OTHER N.C. COUNTIES WHERE PERSONAL PROPERTY IS LOCATED: _____
 LOCATION OF ACCOUNTING RECORDS _____
 DATE BUSINESS BEGAN IN THIS COUNTY ____/____/____
 DATE BUSINESS (FISCAL) YEAR ENDS ____/____/____
 CONTACT PERSON FOR AUDIT: _____
 ADDRESS & PHONE _____

IF OUT OF BUSINESS COMPLETE BELOW:
 BUSINESS CLOSED SOLD BANKRUPT DATE: _____
 IF SOLD TO WHOM?
 NAME _____
 ADDRESS _____

YEAR ACQUIRED	GROUP (4) LEASEHOLD IMPROVEMENTS			
	PRIOR YR COST	ADDITIONS	DELETIONS	CURR YR COST
2020				
2019				
2018				
2017				
2016				
2015				
2014				
2013				
2012				
2011				
2010				
2009				
2008				
PRIOR				
TOTAL				

YEAR ACQUIRED	GROUP (5) OTHER			
	PRIOR YR COST	ADDITIONS	DELETIONS	CURR YR COST
2020				
2019				
2018				
2017				
2016				
2015				
2014				
2013				
2012				
2011				
2010				
2009				
2008				
PRIOR				
TOTAL				

GROUP (6) CONSTRUCTION IN PROGRESS
 LIST IN DETAIL ALL EXPENDITURES IN CIP ACCOUNT ON JANUARY 1,
 BUT NOT INCLUDED ABOVE
 TOTAL CIP: \$ _____

SCHEDULE B **WORKSPACE:** LIST ALL ACQUISITIONS IN (A) AND DISPOSALS IN (B) REPORTED IN CURRENT COSTS COLUMN FOR GROUPS (1-5). ATTACH ADDITIONAL LIST IF NECESSARY.

(A) ACQUISITION ITEM	GROUP	COST	YEAR ACQ.	(B) DISPOSED OF ITEMS	GROUP	COST	YEAR ACQ.

SCHEDULE C **GROUP (7)** **SUPPLIES NOT HELD FOR RESALE**
SUPPLIES AS OF JANUARY 1

DO NOT USE ARBITRARY FIGURE. EXPENSE RECORDS AND OTHER DOCUMENTATION MAY BE REQUIRED TO SUBSTANTIATE ALL ENTRIES.

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

SCHEDULE D **UNLICENSED VEHICLES**
(list only those owned by the business)

DO NOT LIST VEHICLES WHICH ARE CURRENTLY LICENSED (TAGGED) IN NORTH CAROLINA. EXCEPTIONS THAT REQUIRE ANNUAL LISTING IN THIS SECTION: (1) OWNERS OF LONG TERM RENTAL VEHICLES (2) TRAILERS WITH A MULT-YEAR TAG (3) IRP REGISTRATIONS

VEHICLE TYPE	MAKE	YEAR	COMPLETE VEHICLE IDENTIFICATION NUMBER	DATE OF PURCHASE	ORIGINAL COST

SCHEDULE E **AIRCRAFT, BOATS, MOTORS, MANUFACTURED HOMES OWNED AS OF JANUARY 1**
(list only those owned by the business)

TYPE	YR.	MAKE/MODEL	SIZE/H.P.	LENGTH	ORIGINAL COST	VIN NO.	ENGINE TYPE	HRS	LOCATION OF ITEM
AIRCRAFT									
MANUF. HM									
BOAT/MTR.									

FOR SCHEDULE D & E; ATTACH ADDITIONAL LIST IF NECESSARY

SCHEDULE F **LEASED EQUIPMENT: PROPERTY IN YOUR POSSESSION BUT OWNED BY OTHERS**

LEASED EQUIPMENT ITEM AND MODEL NUMBER	TRANSFERRED ITEM AND MODEL NUMBER	LESSOR NAME & ADDRESS	DATE OF LEASE	TOTAL COST

SUBMIT ITEMIZED LIST, IF NECESSARY

SCHEDULE G **LIST ANY EXPENSED ITEMS** CAPITALIZATION THRESHOLD \$ _____

DESCRIPTION

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 Authorized Agent Other person having knowledge of and charged with the care of the person and property of the taxpayer.

For Corporations, Partnerships, Limited Liability Companies, Unincorporated Associations:
 Principal Officer of the Taxpayer Title _____
 Full-time employee of the taxpayer who has been officially empowered by a principal officer to list the property and sign the affirmation. Title _____
 Authorized Agent. If this capacity is selected, I certify that I have NCDOR Form AV-59 on file for this taxpayer. Yes 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 other information, is true and complete. (If this affirmation is signed by an individual other than the taxpayer, he affirms that he is familiar 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.)

Signature _____ Date _____ Authorized Agent Address _____
 Telephone Number _____ Fax Number _____ Email Address _____

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 of up to 60 days).

