TO AVOID PENALTY RETURN
BY JANUARY 31, 2016

STATE OF NORTH CAROLINA COUNTY OF CLEVELAND RUSINESS PERSONAL PROPERTY LISTING

2016

BY JANUARY 31, 2016. BUSINESS PERSONAL PROPERTY LISTING LISTING # RETURN TO: CLEVELAND COUNTY ASSESSOR, BUSINESS SECTION, P.O. BOX 370, SHELBY, NC 28151-0370 PHONE: (704) 476-3083 FOR DEPARTMENT **PENALTY** ACCOUNT NUMBER DISTRICT CODE **VALUE** USE ONLY = = = > QUESTIONS? TELEPHONE 704-476-3083 OR EMAIL ANNA.MCCALL@CLEVELANDCOUNTY.COM PHYSICAL ADDRESS _ LOCATION OF ACCOUNTING RECORDS. REAL ESTATE OWNED BY_ DATE BUSINESS BEGAN IN THIS COUNTY FED. ID# DATE BUSINESS (FISCAL) YEAR ENDS _ PRINCIPAL BUSINESS OR NAICS CODE CHECK ONE > CORPORATION ___ SOLE PROPRIETORSHIP __ PARTNERSHIP_ NAME IN WHICH BUSINESS WAS LISTED LAST YEAR: UNINCORPORATED ASSOCIATION OTHER (SPECIFY) _ CHECK BUSINESS CATEGORY > RETAIL ___ WHOLESALE ___ MANUFACTURING SERVICE ___ LEASING/RENTAL ___ FARMING ___ OTHER (SPECIFY) _ OTHER N.C. COUNTIES WHERE PERSONAL PROPERTY IS LOCATED. CONTACT PERSON FOR AUDIT: ADDRESS & PHONE IF OUT OF BUSINESS COMPLETE THIS SECTION = = > DATE CEASED CHECK ONE: SOLD ___ CLOSED ___ BANKRUPT ___ OTHER . SOLD EQUIPMENT / FIXTURES / SUPPLIES TO: _ BUYER'S ADDRESS & PHONE: **SCHEDULE A** PERSONAL PROPERTY (SEE INSTRUCTIONS) **GROUP (1) MACHINERY & EQUIPMENT GROUP (2) OFFICE FURNITURE & FIXTURES** YR. ACQUIRED PRIOR YR. COST **ADDITIONS DELETIONS** CURR. YR. COST YR. ACQUIRED PRIOR YR. COST **ADDITIONS DELETIONS** 2015 2015 2014 2014 2013 2013 2012 2012 2011 2011 2010 2010 2009 2009 2008 **PRIOR** 2007 **TOTAL GROUP (3) COMPUTER EQUIPMENT** 2006 PRIOR YR. COST **ADDITIONS DELETIONS** 2005 YR. ACQUIRED 2015 2004 2003 2014 2002 2013 2001 2012 2000 **PRIOR TOTAL PRIOR** GROUP (5) EXPENSED ITEMS (cap thresh **TOTAL GROUP (4) LEASEHOLD IMPROVEMENTS** YR. ACQUIRED PRIOR YR. COST **ADDITIONS DELETIONS** CURR, YR, COST CURR. YR. COST R. ACQUIRED PRIOR YR. COST **ADDITIONS DELETIONS** 2015 2015 2014 2014 **PRIOR** 2013 **TOTAL** 2012 **GROUP (6) OTHER - DESCRIBE** ADDITIONS 2011 YR. ACQUIRED PRIOR YR. COST **DELETIONS** CURR. YR. COST 2010 2015 2009 2014 2008 2013 2007 2012 2006 2011 2005 2010 2004 2009 2003 **PRIOR** 2002 **TOTAL GROUP (8) SUPPLIES - SEE INSTRUCTIONS PRIOR SUPPLIES ON HAND JANUARY 1, 2016 AT COST TOTAL** Office, Medical, Dental, Beauty, Maintenance, etc. **GROUP (7) CONSTRUCTION IN PROGRESS** Fuels of all kinds LIST IN DETAIL ALL EXPENDITURES IN CIP ACCOUNT Spare parts for equipment Expensed Items ON JANUARY 1, BUT NOT INCLUDED ABOVE - SEE INSTRUCTIONS All other **TOTAL CIP: \$** Total

If you need additional space to list property under Schedules B, C, and D, please attach a separate report <u>in the same format</u> as below. Write "see attached" on the schedules if this is necessary.

(Additional pages are attached for pre-listed property that exceeds the number of spaces available in these Schedules.)

	DULE B	TACOED VE	HOLEC LINE			IENT - SEE INST		All EDG	0.840	EADM TAGO
	GROUP (1) IRP TAGGED VEHICLES, UNT.			TITLE #			SIERED IR	T		
TEAR	IVIANE	MODEL	BOD 1/SIZE	IIILE#	VERICLE ID.	NUMBER (VIN)		SPEC. BODY COST		FOR OFFICE USE
			(GROUP (2) B	BOATS & B	OAT MOTORS				
TYPE	YEAR / MA	KE / MODEL	LENGTH/SIZE	REGIS. #	LOCATION	<u> </u>	ENGINE TYPE	ORIGINAL COST	YEAR PURCHASED	FOR OFFICE USE
BOAT								0001	TOTIOTIAGED	
MOTOR			HP							
			<u>'</u>	GRO	UP (3) AIRO	CRAFT				
YEAR	MAKE	MODEL SERIAL#			LOCATION		FAA#	ORIGINAL COST	YEAR PURCHASED	FOR OFFICE USE
			GROUI	P (4) MANUF	ACTURED	HOMES & OFFI	CES			
YEAR	MAKE	WIDTH/LENGTH	TITLE		ID. NUMBER	(VIN)		ORIGINAL COST	YEAR PURCHASED	FOR OFFICE USE
		Х								
		Х								
001155		Х	0747545	T 05 1 5 4 0 1			WILL BY 4			
SCHEL	DULE C		STATEMEN	II OF LEASE	ED EQUIPIV	IENT AS OF JAI	NUARY 1			
NAME AND ADDRESS OF OWNER DI				RIPTION OF PRO	PERTY	LEASE # OR ACCOUNT #	MONTHLY PAYMENT	COST (QUOT	NEW (ED)	START & END LEASE DATES
						AGGGGIVI II	TAIMENT	(400)		EEROE BRIEG
SCHE	DULE D			ACQUISITIO	NS AND/OF	R DISPOSALS				
		F MACHINERY, I				E PRIOR YEAR (ATTA	CH SCHEDULE	IF NECESS	ARY)	
			TOTAL					Т	OTAL	
				REAL EST	ATE IMPRO	OVEMENTS				
0				vements and/or of	ther additions to	real property, owned	by your business'	? If yes, atta	ch a sepa	rate schedule with
information	on on such impr	ovements.	□ Yes □ No							
				Δ.	EEIDMATI	DNI .				
	ISTING EODM MI	HET BE SIGNED BY	VALECALLY AUTHO		(FFIRMATION OF THE PROPERTY OF	ONS - Please check the	aanaaity in which y	vou oro olani	na tha affi	rmation
				_	_					
For in	dividual Taxpay	/ers: 🔲 lax	kpayer ∐ Gu	ardian	Authorized Age		ner person having k h the care of the pe			
For C	orporations, Pa	rtnerships, Limite	ed Liability Compan	ies, Unincorpora	ted Association	:				
	Principal C	Officer of the Taxpa	yer	I-time employee of	f the taxpayer wh	o has been offically em	powered by a princ	cipal offer to	list	
	Title	<u> </u>		property and sign						
	Authorized	Agent. If this cap	acity is selected. I c	ertify that I have N	CDOR Form AV-	59 on file for this taxpay	ver:	Yes 🗌	No	
Under	nenalties prescriber	hy law I affirm that t	o the best of my knowle	dae and helief this list	ting including any	accompanying statements, i	nventories schedules	and any othe	r informatio	is true and complete
(If this i	s signed by an indi		axpayer, he affirms that			lue of all of the taxpayer's p				
Signature	е			Date	Auth	norized Agent Address				
Telephor	ne Number			Fax Number		ail Address				
Any indi	vidual who willfully n		abstract listing required be by imprisonment up to 60	y the Subchapter II of Cl		th Carolina General Statutes wh	nich he does not believe	to be true and c	orrect as to e	very material matter