



DURHAM COUNTY TAX ADMINISTRATION
 P.O. BOX 3397
 DURHAM, NC 27702
 (919) 560-0300
 ELECTRONIC SERVICE REQUESTED

NOTE: DUE TO COVID-19, OUR OFFICE IS OPERATING
 WITH LIMITED STAFFING IN THE OFFICE

STATE OF NORTH CAROLINA
 COUNTY OF DURHAM

2022

Business Personal Property Listing

Website Address: www.dconcl.gov

| FOR DEPARTMENT USE ONLY → | DATE | ACCOUNT NO. | LISTING NO. | DISTRICT | PENALTY | VALUE |
|---------------------------|------|-------------|-------------|----------|---------|-------|
|---------------------------|------|-------------|-------------|----------|---------|-------|

Business Name/Mailing Address:

| | |
|------------------------------------------------|--|
| STANDARD INDUSTRIAL CLASSIFICATION CODE (SIC#) | |
| NAICS CODE | |
| DATE BUSINESS BEGAN IN THIS COUNTY | |
| DATE BUSINESS (FISCAL) YEAR ENDS | |

| OTHER NC COUNTIES WHERE PERSONAL PROPERTY IS LOCATED | |
|------------------------------------------------------|--|
| PHYSICAL ADDRESS OF BUSINESS | |
| REAL ESTATE OWNED BY | |
| SOCIAL SECURITY # FEDERAL ID# | |
| PRINCIPAL BUSINESS IN THIS COUNTY | |
| NAME IN WHICH BUSINESS WAS LISTED LAST YEAR | |
| CONTACT PERSON FOR AUDIT | |
| ADDRESS AND PHONE NUMBER | |
| CONTACT PERSON & PHONE NUMBER FOR PAYMENT | |

| FILL IN APPLICABLE CIRCLE | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <input type="radio"/> Partnership <input type="radio"/> Sole Proprietorship <input type="radio"/> Unincorporated Association <input type="radio"/> Corporation <input type="radio"/> LLC <input type="radio"/> Other: _____ | |
| FILL IN APPLICABLE CIRCLE: Business Category | |
| <input type="radio"/> Retail <input type="radio"/> Wholesale <input type="radio"/> Manufacturing <input type="radio"/> Service <input type="radio"/> Leasing/Rental <input type="radio"/> Farming <input type="radio"/> Other (Specify): _____ | |
| IF OUT OF BUSINESS, COMPLETE THIS SECTION | |
| DATE CEASED | |
| FILL IN APPLICABLE CIRCLE | |
| <input type="radio"/> SOLD <input type="radio"/> CLOSED <input type="radio"/> BANKRUPT <input type="radio"/> OTHER | |
| SOLD EQUIPMENT, FIXTURES, SUPPLIES TO | |
| BUYER'S ADDRESS | |
| BUYER'S PHONE# | |

10896PBP_L_1 11/26/21 CMYK

SCHEDULE A PERSONAL PROPERTY (SEE INSTRUCTION SHEET)

| YEAR ACQUIRED | GROUP (1) MACHINERY & EQUIPMENT | | | |
|---------------|---------------------------------|-----------|-----------|------------------|
| | PRIOR YR. COST | ADDITIONS | DELETIONS | CURRENT YR. COST |
| 2021 | | | | |
| 2020 | | | | |
| 2019 | | | | |
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| 2017 | | | | |
| 2016 | | | | |
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| PRIOR | | | | |
| TOTAL | | | | |

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

| YEAR ACQUIRED | GROUP (4) COMPUTER EQUIPMENT | | | |
|---------------|------------------------------|-----------|-----------|------------------|
| | PRIOR YR. COST | ADDITIONS | DELETIONS | CURRENT YR. COST |
| 2021 | | | | |
| 2020 | | | | |
| 2019 | | | | |
| 2018 | | | | |
| PRIOR | | | | |
| TOTAL | | | | |

GROUP (2) CONSTRUCTION IN PROGRESS
 LIST TOTAL OF ALL NON-EXEMPT PERSONAL PROPERTY EXPEDITURES IN CIP ACCOUNT ON JANUARY 1, BUT NOT INCLUDED ABOVE - ITEMIZED IN SCHEDULE G
TOTAL CIP \$ _____

COMPLETE ALL FORMS AND RETURN IN THE ENCLOSED ENVELOPE TO:

COUNTY OF DURHAM
 OFFICE OF TAX ADMINISTRATION
 BUSINESS SECTION
 P.O. BOX 807
 MT. AIRY, NC 27030-0807

SCHEDULE A (Cont.) PERSONAL PROPERTY (SEE INSTRUCTION SHEET)

| GROUP (5) LEASEHOLD IMPROVEMENTS | | | | | GROUP (6) EXPENSED ITEMS Capitalization Threshold -> _____ | | | | | |
|----------------------------------|----------------|-----------|-----------|------------------|--------------------------------------------------------------------------------------------------------------------|----------------|-----------|-----------|------------------|-------------|
| YEAR ACQUIRED | PRIOR YR. COST | ADDITIONS | DELETIONS | CURRENT YR. COST | YEAR ACQUIRED | PRIOR YR. COST | ADDITIONS | DELETIONS | CURRENT YR. COST | |
| 2021 | | | | | 2021 | | | | | |
| 2020 | | | | | 2020 | | | | | |
| 2019 | | | | | 2019 | | | | | |
| 2018 | | | | | 2018 | | | | | |
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| 2015 | | | | | 2015 | | | | | |
| 2014 | | | | | 2014 | | | | | |
| 2013 | | | | | PRIOR | | | | | |
| 2012 | | | | | TOTAL | | | | | |
| 2011 | | | | | GROUP (7) SUPPLIES | | | | | COST |
| 2010 | | | | | 1) OFFICE, MAINTENANCE, JANITORIAL, MEDICAL, DENTAL, BARBER AND BEAUTY SUPPLIES | | | | | |
| 2009 | | | | | 2) FUELS HELD FOR CONSUMPTION | | | | | |
| 2008 | | | | | 3) REPLACEMENT PARTS AND SPARE PARTS | | | | | |
| 2007 | | | | | 4) RESTAURANT AND HOTEL ITEMS SUCH AS LINENS, CLEANING SUPPLIES, AND COOKWARE NOT LISTED ELSEWHERE IN SCHEDULE A | | | | | |
| 2006 | | | | | 5) RENTAL ITEMS NOT SOLD IN THE NORMAL COURSE OF BUSINESS AND NOT LISTED ELSEWHERE IN SCHEDULE A | | | | | |
| 2005 | | | | | 6) ALL OTHER MISCELLANEOUS SUPPLIES NOT LISTED ABOVE | | | | | |
| 2004 | | | | | 7) TOTAL | | | | | |
| PRIOR | | | | | | | | | | |
| TOTAL | | | | | | | | | | |

SCHEDULE B - VEHICULAR EQUIPMENT & MOBILE HOMES OR MOBILE OFFICES

If you answer YES to any of questions 1-7 below, you must list this property appropriate for the equipment type below. Indicate number of short-term rental vehicles owned for question 8. If there is not sufficient room to list at the bottom of each section, attach additional sheets as needed.

- 1) Does your business own any unregistered motor vehicles? YES NO
- 2) Does your business own any multi-year or permanently registered trailers? YES NO
- 3) Does your business own any special bodies on vehicles? YES NO
- 4) Does your business own any IRP (International Registration Plan) plated vehicles? YES NO

NOTE: Effective January 1, 2014, IRP plated vehicles are required to be listed with the local county tax office as a part of the business personal property listing form process, unless they are already being reported as part of your public service valuation with N.C. Dept. of Revenue.

| B 1 | YEAR | MAKE | MODEL | BODY / SIZE | TITLE# | VEHICLE I.D. NUMBER (VIN) | SPEC. BODY COST | FOR OFFICE USE |
|--------|------|------|-------|-------------|--------|---------------------------|-----------------|----------------|
| | | | | | | | | |
| | | | | | | | | |

- 5) Does your business own any watercraft or engines for watercraft? YES NO

| B 2 | TYPE | YEAR / MAKE / MODEL | LENGTH/SIZE | REGIS.# | LOCATION | ENGINE TYPE | YEAR ACQUIRED | ORIG. COST | FOR OFFICE USE |
|--------|-------|---------------------|-------------|---------|----------|-------------|---------------|------------|----------------|
| | BOAT | | | | | | | | |
| | BOAT | | | | | | | | |
| | MOTOR | | | | | | | | |

- 6) Does your business own any mobile homes or mobile offices? YES NO

| B 3 | YEAR | MAKE | WIDTH/LENGTH | VEH. I.D. NUMBER (VIN) | LOCATION | YEAR ACQUIRED | ORIGINAL COST | FOR OFFICE USE |
|--------|------|------|--------------|------------------------|----------|---------------|---------------|----------------|
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| | | | | | | | | |

- 7) Does your business own any aircraft? YES NO

| B 4 | YEAR | MAKE | MODEL | N-NUMBER/TAIL# | LOCATION | YEAR ACQUIRED | ORIGINAL COST | FOR OFFICE USE |
|--------|------|------|-------|----------------|----------|---------------|---------------|----------------|
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- 8) Does your business own any vehicle(s) for short term rental? YES NO NUMBER > _____

SCHEDULE C - LEASED PROPERTY OR OTHER PROPERTY IN YOUR POSSESSION THAT IS OWNED BY OTHERS

N.C.G.S. 105-315 AND 105-316 require every person having custody of taxable, tangible personal property that has been entrusted to him by another for any business purpose to furnish a separate list containing name, address and description of this property. If you answer YES to one of the following three questions or are otherwise required to supply this list, **you must return the list or separate schedule C-1 by January 15.**

- 1) Does your business hold any Leased Property, owned by another party (are you a Lessee)? YES NO
- 2) Do you have any property used by your business, or in your possession that is owned by others? YES NO
- 3) Do you operate a mobile home park, campground, marina, aircraft storage facility or similar business? YES NO

| C 1 | NAME & ADDRESS OF OWNER | DESCRIPTION OF PROPERTY | DATE OF LEASE | MONTHLY PYMNT. | LENGTH OF LEASE | ACCT. OR LEASE NO. | SELLING PRICE NEW |
|--------|-------------------------|-------------------------|---------------|----------------|-----------------|--------------------|-------------------|
| | | | | | | | |
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SCHEDULE D - SEPARATELY SCHEDULED PROPERTY

Does your business own any artwork, displays, statues, or other personal property that is separately scheduled for insurance purposes? YES NO

Please describe the items and estimate value of items if applicable:

SCHEDULE E - FARM EQUIPMENT

Does your business own any tractors, implements, bulk barns, and/or other farm equipment? YES NO Cost on Schedule A
If so, list on Schedule E-1. If listed by cost on Schedule A, indicate above but still include information on Schedule E-1.

| E 1 | YEAR | DESCRIPTION OR MAKE | MODEL OR SERIES | GAS OR DIESEL | YEAR ACQUIRED | ORIGINAL COST | FOR OFFICE USE |
|--------|------|---------------------|-----------------|---------------|---------------|---------------|----------------|
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SCHEDULE F - INTANGIBLE PERSONAL PROPERTY

Session Law 2018-98 repealed the taxation of a leasehold interest in exempt real property, effective July 1, 2019. Schedule F is no longer applicable and will be reserved for future use.

SCHEDULE G - ACQUISITIONS AND DISPOSALS DETAILS

Acquisitions and disposals detail of machinery, equipment, furniture and fixtures, computer equipment, and leasehold improvements in the prior year. If there is not enough room below, attach an additional schedule G-1.

| G 1 | ACQUISITIONS - ITEMIZE IN DETAIL | 100% ORIGINAL COST | DISPOSALS - ITEMIZE IN DETAIL | YEAR ACQUIRED | 100% ORIGINAL COST |
|--------|----------------------------------|--------------------|-------------------------------|---------------|--------------------|
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SCHEDULE H - REAL ESTATE IMPROVEMENTS

During the past calendar year, did your business make improvements and/or other additions to real property owned by your business? If yes, attach a separate schedule H-1 with information on such improvements. Yes No

SCHEDULE I - BILLBOARDS AND OUTDOOR ADVERTISING STRUCTURES

Does your business own any billboards or outdoor advertising structures? Yes No
If yes, attach a separate I-1 form with requested information.

SCHEDULE J - LEASED EQUIPMENT

Does your business lease equipment to others? Yes No
If yes, attach a separate J-1 form with requested information.

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 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 affirms that he is familiar with the extent and true value of all of 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 II of Chapter 105 of the North Carolina General Statutes 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).

| |
|-----------------------|
| ACCOUNT NUMBER |
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COUNTY OF DURHAM BUSINESS PERSONAL PROPERTY LISTING

2022
(Additional Schedule A)

| SCHEDULE A | | | | |
|------------|---------------------------------|-----------|-----------|------------------|
| YEAR | GROUP (1) MACHINERY & EQUIPMENT | | | |
| ACQUIRED | PRIOR YR. COST | ADDITIONS | DELETIONS | CURRENT YR. COST |
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| SCHEDULE A | | | | |
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| SCHEDULE A | | | | |
|------------|---------------------------------|-----------|-----------|------------------|
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| SCHEDULE A | | | | |
|------------|---------------------------------|-----------|-----------|------------------|
| YEAR | GROUP (1) MACHINERY & EQUIPMENT | | | |
| ACQUIRED | PRIOR YR. COST | ADDITIONS | DELETIONS | CURRENT YR. COST |
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