BUSINESS PERSONAL PROPERTY LISTING FORM
COUNTY OF ORANGE • NORTH CAROLINA
ORANGE COUNTY TAX OFFICE
P.O. BOX 8181 • HILLSBOROUGH, NC 27278 • 919-245-2100

2018 **(1)**

TAX OFFICE USE ONLY	ABSTRACT NUMBER	TAX JURISDICTIONS	REAL

FILING STATUS (CHECK BOX THAT APPLIES) ❑ CORPORATION ❑ PROPRIETORSHIP ❑ UNINCORPORATED ASSOCIATION ❑ PARTNERSHIP ❑ LLC ❑ OTHER (SPECIFY) _____

BUSINESS CATEGORY ❑ RETAIL ❑ WHOLESALE ❑ MANUFACTURING ❑ SERVICE ❑ LEASING/RETAIL ❑ OTHER (SPECIFY) _____

NAME & ADDRESS — Please make any corrections to name and address that are needed

PHYSICAL ADDRESS / STREET ADDRESS WHERE BUSINESS IS LOCATED

DATE BUSINESS YEAR ENDS	DATE BUSINESS BEGAN IN THIS COUNTY	STATE OF INCORPORATION

PRINCIPAL BUSINESS ACTIVITY IN THE COUNTY

LOCATION OF ACCOUNTING RECORDS

CORPORATION NAME:

TRADE NAME / DBA:

PERSON TO CONTACT FOR AUDIT (NAME , ADDRESS, TELEPHONE)

Name In Which Business Was Listed Last Year

OTHER NC COUNTIES WHERE PERSONAL PROPERTY IS LOCATED

IF OUT OF BUSINESS COMPLETE THIS SECTION ONLY

DATE BUSINESS CEASED

SOLD ❑ CLOSED ❑ BANKRUPT ❑ OTHER ❑ _____

SOLD TO WHOM

NAME _____

ADDRESS _____

FEDERAL I.D. NUMBER

SOCIAL SECURITY NUMBER (If sole proprietor)

PARTNERSHIP OR UNINCORPORATED ASSOCIATION NAMES AND ADDRESSES OF PARTNERS OR PRINCIPALS (ATTACH SCHEDULE IF NECESSARY)

Your Social Security number is being requested under the authority of 42 U.S.C. 405(c)(2)(C)(i) and will be used to facilitate collection of property taxes, utility billings, and other taxes and obligations owed to this local government if you do not timely and voluntarily pay such taxes, billings, and obligations. For collection purposes, your Social Security number may be disclosed to (i) the state to claim payment from any state income tax refund, lottery winnings, or other payments that might otherwise be owed to you; (ii) a bank or an employer to attach bank accounts or garnish wages; and, (iii) to other local governments and other departments of this local government to facilitate the collection of taxes and other obligations owed to those governments and departments.

NOTE: Business owners who acquired an existing business in the previous year must contact the county tax office for important listing instructions. Please call 919-245-2100.

SCHEDULE A — PERSONAL PROPERTY - SEE INSTRUCTIONS

GROUP (1) MACHINERY & EQUIPMENT

YEAR ACQUIRED	PRIOR YR. COST	ADDITIONS	DELETIONS	CURR. YR COST

NAME	ABSTRACT NUMBER	TAX JURISDICTIONS

SCHEDULE A - CONTINUED PERSONAL PROPERTY - SEE INSTRUCTIONS

YEAR ACQUIRED	GROUP (5) IMPROVEMENTS TO LEASED PROPERTY			
	PRIOR YR. COST	ADDITIONS	DELETIONS	CURR. YR COST

NAME	ABSTRACT NUMBER	TAX JURISDICTIONS

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

SCHEDULE C AIRCRAFT, WATERCRAFT, MANUFACTURED HOMES & OFFICES, MULTIYEAR OR IRP TAGGED VEHICLES, UNLICENSED VEHICULAR EQUIPMENT AND FARM TRACTORS & COMBINES

(DO NOT LIST LICENSED VEHICLES). Short Term Rental or Leased Vehicles with U-Drive It Tags Are Exempt From Property Tax, Session Law 2000-2 Gross Receipts Tax Replaces the Property Tax Previously Levied On These Vehicles

TYPE	YEAR	MAKE	MODEL	BODY	VIN #	COST	WIDTH	LENGTH

SCHEDULE D RESALE VALUE OF ALL OTHER FARM EQUIPMENT (NOT INCLUDED IN SCHEDULE A ABOVE)

	TOTAL		TOTAL
TRACTOR PLOWS & HARROWS		GRAIN DRILL / LIME SPREADERS	
CULTIVATORS		TRANSPLANTERS	
CORN PLANTERS		MILK TANKS	
TOBACCO TRAILERS		OTHER DAIRY EQUIPMENT	
TOBACCO PLANTERS		ENSILAGE CUTTERS	
TOBACCO BULK BARNS		ENSILAGE BLOWERS	
RIDING TOBACCO HARVESTERS		DUMP WAGONS	
IRRIGATION EQUIPMENT		HAYBINES	
MOWERS & RAKES		FEED MILLS	
BUSH HOGS & BLADES		HOG EQUIPMENT	
MANURE SPREADERS		POULTRY EQUIPMENT	
LIQUID SPRAYING RIGS		ALL OTHER EQUIPMENT	

SCHEDULE E BILLBOARDS AND OUTDOOR ADVERTISING STRUCTURES

Does your business own any billboards or outdoor advertising structures?
If yes, attach a separate E-1 form with requested information.

☐ Yes ☐ No

NAME	ABSTRACT NUMBER	TAX JURISDICTIONS

SCHEDULE F ADDITIONS AND/OR DELETIONS TO LEASEHOLD IMPROVEMENTS LISTED IN SCHEDULE A GROUP (5) ITEMIZE IN DETAIL ALL ADDITIONS AND DELETIONS SINCE JANUARY 1 2017 (ATTACH SCHEDULE IF NECESSARY)	YEAR ACQUIRED	100% ORIGINAL COST
OWNER OF REAL ESTATE WHERE LEASEHOLD IMPROVEMENTS ARE LOCATED:		

NEW CONSTRUCTION OR IMPROVEMENTS MADE TO YOUR REAL PROPERTY DURING THE PROCEEDING CALENDAR YEAR.

DESCRIBED IMPROVEMENTS:

ESTIMATE CONSTRUCTION COST WHEN COMPLETED $_____ PERCENT COMPLETION ON JAN. 1 THIS YEAR _____%

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

N.C.G.S. 105-315 AND 105-316 requires every person having custody of taxable 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 report any property in this schedule G, a copy of this schedule must be remitted to the tax office by January 15th.

LEASED EQUIPMENT - Includes copiers, postage meters, machinery, etc.

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

LEASED VEHICULAR EQUIPMENT - Includes cars, trucks, tractor & trailers, mobile homes, etc.

NAME AND ADDRESS OF OWNER	YEAR	MAKE	VEHICLE IDENTIFICATION NUMBER	DATE OF LEASE	LIST BODY OR SPECIAL EQUIPMENT MOUNTED ON TRUCKS SEPARATELY @ 100% COST	SELLING PRICE NEW

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 ☐ Full-time employee of the taxpayer who has been officially empowered by a principal officer to list the property and sign the affirmation.

Title _____ 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 up to 6 months).

NAME	ABSTRACT NUMBER	TAX JURISDICTIONS

COUNTY OF ORANGE
BUSINESS PERSONAL PROPERTY LISTING

2018
(Additional Schedule A)

SCHEDULE A

YEAR ACQUIRED		GROUP (1) MACHINERY & EQUIPMENT		
	PRIOR YR. COST	ADDITIONS	DELETIONS	CURR. YR. COST

SCHEDULE A

YEAR ACQUIRED		GROUP (1) MACHINERY & EQUIPMENT		
	PRIOR YR. COST	ADDITIONS	DELETIONS	CURR. YR. COST

SCHEDULE A

YEAR ACQUIRED		GROUP (1) MACHINERY & EQUIPMENT		
	PRIOR YR. COST	ADDITIONS	DELETIONS	CURR. YR. COST

SCHEDULE A

YEAR ACQUIRED		GROUP (1) MACHINERY & EQUIPMENT		
	PRIOR YR. COST	ADDITIONS	DELETIONS	CURR. YR. COST