

TAX OFFICE USE ONLY	ABSTRACT NUMBER		TAX JURISDICTION			REAL
	MOTOR VEHICLES	HEAVY EQUIPMENT	FARM EQUIPMENT	BUSINESS EQUIPMENT/SUPPLIES	TOTAL	

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

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

NAME & ADDRESS _____

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 _____

Please make any corrections to name and address that are needed

CORPORATION NAME: _____

LOCATION OF ACCOUNTING RECORDS _____

TRADE NAME / DBA: _____

Name In Which Business Was Listed Last Year _____

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

IF OUT OF BUSINESS COMPLETE THIS SECTION ONLY

DATE BUSINESS CEASED _____

SOLD CLOSED BANKRUPT OTHER _____

SOLD TO WHOM NAME _____ ADDRESS _____

OTHER NC COUNTIES WHERE PERSONAL PROPERTY IS LOCATED _____

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

YEAR ACQUIRED	GROUP (1) MACHINERY & EQUIPMENT				YEAR ACQUIRED	GROUP (3) OFFICE FURNITURE & FIXTURES			
	PRIOR YR. COST	ADDITIONS	DELETIONS	CURR. YR COST		PRIOR YR. COST	ADDITIONS	DELETIONS	CURR. YR COST
2015					2015				
2014					2014				
2013					2013				
2012					2012				
2011					2011				
2010					2010				
2009					2009				
2008					PRIOR				
2007					TOTAL				
2006									
YEAR ACQUIRED	GROUP (4) COMPUTER EQUIPMENT & SOFTWARE				YEAR ACQUIRED				
	PRIOR YR. COST	ADDITIONS	DELETIONS	CURR. YR COST		PRIOR YR. COST	ADDITIONS	DELETIONS	CURR. YR COST
2005					2015				
2004					2014				
2003					2013				
2002					2012				
2001					PRIOR				
2000					TOTAL				
PRIOR									
TOTAL									

GROUP (2) CONSTRUCTION IN PROGRESS

LIST TOTAL OF ALL PERSONAL PROPERTY EXPENDITURES IN CIP ACCOUNT ON JANUARY 1, NOT INCLUDED ABOVE - ITEMIZE IN SCHEDULE C

TOTAL CIP: \$ _____

FIND US ONLINE AT:
www.orangecountync.gov/departments/tax/tax_assessment.php

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NAME: _____ ABSTRACT # _____ TAX JURISDICTION: _____

SCHEDULE F OTHER MISCELLANEOUS PERSONAL PROPERTY						
TYPE	YEAR	MAKE / MODEL	SIZE	LOCATION OF ITEM (MARINA, AIRPORT, M.H. PARK)	YEAR PURCHASED	COST
BOAT						
BOAT MOTOR			HP			
BOAT						
BOAT MOTOR			HP			
BOAT						
BOAT MOTOR			HP			
AIRCRAFT						
AIRCRAFT						
AIRCRAFT						
MOBILE HOME/OFFICE			X			
MOBILE HOME/OFFICE			X			
MOBILE HOME/OFFICE			X			
OTHER						

SCHEDULE G 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 H BILLBOARDS AND OUTDOOR ADVERTISING STRUCTURES

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

Yes No

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

Title _____ 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 up to 6 months).

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