







NAME: \_\_\_\_\_ ABSTRACT # \_\_\_\_\_ TOWNSHIP NAME: \_\_\_\_\_

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	
WAGONS		OTHER DAIRY EQUIPMENT	
TOBACCO STRINGERS		ENSILAGE CUTTERS	
TOBACCO CURERS		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?  Yes  No  
 If yes, attach a separate H-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  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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