

🖶 MAIL TO 🖶

# OFFICIAL TAX MATTER

TANGIBLE PERSONAL PROPERTY TAX RETURN AND SUPPORTING SCHEDULES



## **INSTRUCTION SHEET**

#### **INSTRUCTIONS FOR PAGE ONE - BUSINESS PERSONAL PROPERTY TAX RETURN**

- 1. If taxpayer name or address has changed or is incorrect, provide correct name and address in the space provided.
- 2. To avoid a 10% penalty on assets that have not been previously returned, this return must be filed no later than date listed under the due date column on page one.
- Taxpayer return value: Georgia Law (O.C.G.A.§ 48-5-6) requires the taxpayer to return property at its fair market value. If the values indicated from Schedules A, B, or C do not in your opinion reflect fair market value, you may list your opinion here. Attachments must be provided by you listing the reasons for change.
- Value from Schedule A, B, & C: Schedules A, B, & C should be completed and the total values from these schedules should be listed in this column.
   Taxpayers Declaration: This declaration must be signed by the taxpayer or agent and dated in order for this to be a valid return.

#### **INSTRUCTIONS FOR PAGE TWO - GENERAL INFORMATION AND IMPORTANT INFORMATION**

- 1. The information requested in the general information section is very important. This area should be completed in detail. The information in this section is open for public inspection.
- 2. The information found in the reference information section may be of great interest to the taxpayer. This section contains information about various laws and exemptions that may be available to the taxpayer.

#### **INSTRUCTIONS FOR PAGE THREE - SCHEDULE A - FURNITURE / FIXTURES / MACHINERY / EQUIPMENT**

- 1. This section provides for the uniform calculation of value for all assets of the business owned on January 1 of this year. Expensed assets as well as capitalized assets should be listed and valued using indicated schedule. Leasehold improvements personal property in nature and trade fixtures should also be reported on this schedule. Leasehold improvements such as walls, doors, floor covering, electrical, plumbing, heating and air distribution systems, ceiling and lighting that are attached to and form an integral part of the building should <u>not</u> be reported as personal property.
- The indicated basic cost approach value of assets for tax purposes is computed by multiplying the total adjusted original cost new by the composite conversion factor of each year's acquisition listed in the appropriate economic life group. Cost amounts are subject to audit. Cost should include installation, trade-in allowances, sales tax, investment credits, transportation, etc.
- 3. Internal Revenue Service Publication 946 "How to Depreciate Property" Appendix B Table of Class Lives and Recovery Periods column headed "Class Life in Years", should be used for determining the economic life group of an asset for Ad Valorem Tax purposes. See examples of economic life groups listed below. ACRS and MACRS should <u>not</u> be used for determining the economic life of an asset for Ad Valorem Tax purposes.
- 4. Deduct cost of items disposed of or transferred out from the cost of assets acquired during the corresponding year; add cost of items transferred in. (Disposals include only those items which have been sold, junked, transferred or otherwise no longer located at the business on January 1, this year). List disposals and items transferred in or out and reasons for disposals or transfer on page 4 under sections three or four.
- 5. A copy of the most current asset listing indicating the date of acquisition, original cost, and description of each asset should be submitted with this schedule. If an asset listing is not available please submit a copy of your most current I.R.S. form 4562 Depreciation Schedule and all supplemental schedules utilized to develop depreciation deduction for A.C.R.S. assets and assets listed under the column headed "Other Depreciation" as well as supplemental depreciation schedule used for M.A.C.R.S. assets. This information is needed for verification purposes and is not available for public inspection (O.C.G.A.§ 48-5-314).

GROUP 1: ECONOMIC LIFE OF 5-7 YEARS	GROUP 2: ECONOMIC LIFE OF 8-12 YEARS	GROUP 3: ECONOMIC LIFE OF 13 YEARS OR MORE	GROUP 4: ECONOMIC LIFE OF 1-4 YEARS ALSO ASSET CLASS 00.12 IRS PUBLICATION 94		
<ol> <li>Copiers, Duplicating Equip., Typewriters</li> <li>Calculators, Adding and Accounting Machines</li> <li>Electronic Instrumentation Mfg.</li> <li>Construction Equipment</li> <li>Timber Cutting Equipment</li> <li>Mfg. of Electronic Components &amp; Products</li> <li>Radio and T.V. Broadcasting Equipment</li> <li>Drilling of Oil and Gas Wells</li> <li>Temporary Sawmills</li> <li>Any Semiconductor Mfg. Equipment</li> <li>Telegraph and Satellite Communications</li> <li>Vending Equipment, Coin Operated</li> <li>Rental Appliances and Televisions</li> <li>Nuclear Fuel Assemblies</li> <li>Fishing Equipment</li> <li>Cattle, Breeding, or Dairy Equipment</li> </ol>	<ol> <li>Office Furniture, Fixtures and Equipment</li> <li>Agriculture Machinery and Equipment</li> <li>Recreation or Entertainment Services</li> <li>Mining and Quarrying</li> <li>Mfg. of Textile Products</li> <li>Mfg. of Wood Products and Furniture</li> <li>Permanent Sawmills</li> <li>Mfg. of Chemicals and Allied Products</li> <li>Mfg. of Chemicals and Allied Products</li> <li>Mfg. of Eather and Leather Products</li> <li>Mfg. of Electrical and Non-electrical Machinery</li> <li>Mfg. of Athletic, Jewelry and Other Goods</li> <li>Retail Trades Furniture, Fixtures and Equipment</li> <li>Hotel and Motel Furnishing and Equipment</li> <li>Hotel and Motel Furnishing and Equipment</li> <li>Personal and Professional Services</li> </ol>	<ol> <li>Petroleum Refining Equipment</li> <li>Grain and Grain Mill Products (Mfg.)</li> <li>Mfg. of Sugar and Sugar Products</li> <li>Mfg. of Vegetable Oils and Products</li> <li>Mfg. of Vegetable Oils and Products</li> <li>Mfg. of Tobacco and Tobacco Products</li> <li>Mfg. of Pulp and Paper</li> <li>Mfg. of Rubber Products</li> <li>Mfg. of Stone and Clay Products</li> <li>Mfg. of Stone and Clay Products</li> <li>Mfg. of Primary Nonferrous Metals</li> <li>Mfg. of Primary Steel Mill Products</li> <li>Tanks and Storage</li> <li>Billboards/Signs</li> <li>Radio/T.V. Antennas and Towers</li> <li>Cold Storage and Ice Making Equipment</li> <li>Mfg. of Glass Products</li> </ol>	<ol> <li>Computers - Non Production</li> <li>Peripheral Computer Equipment</li> <li>Jigs, Dies, Molds, Patterns</li> <li>Special Tools and Gauges</li> <li>Returnable Containers</li> <li>Special Transfer and Shipping Devices</li> <li>Pallets</li> <li>Rental Movies</li> <li>Card Readers</li> <li>High Speed Printers</li> <li>Data Entry Devices</li> <li>Teleprinters</li> <li>Plotters</li> <li>Terminals, Tape Drives, Disc Drives</li> <li>Magnetic Tape Feeds</li> <li>Optical Character Readers</li> </ol>		

#### DEPRECIATION GROUPING EXAMPLES

#### INSTRUCTIONS FOR PAGE FOUR - BUSINESS PERSONAL PROPERTY SCHEDULE B - INVENTORY

- 1. Inventory should be reported at 100% cost on January 1, this year. Cost should include, but not be limited to, freight in, overhead or burden, Federal, State, or Local Taxes, or any other charges imposed upon the item that makes it more valuable to the owner. Costs will be arrived at by converting anything other than current cost back to cost. "LIFO" is not acceptable.
- 2. The name and address of the legal owner of any consigned goods or any other type goods not owned by you and not reported under Schedule B should be listed under Section 1, Consigned Goods. This will insure that the taxes are charged to the legal owner.
- 3. Schedule C Construction in Progress if you had any unallocated cost for Construction in Progress, which is personal property in nature, that was not reported under Schedule A it should be reported under Schedule C. A description of the property, year acquired, useful life in years, and total cost should be reported.
- 4. If you had in your possession on January 1 any leased or rented equipment, machinery, furniture, fixtures, tools, vending machines, or other types of property, the legal owners name and address should be listed under Section 2 headed Leased or Rented Equipment. This will insure that the taxes are charged to the legal owner.

NOTE: Schedules A, B, and C and all documents furnished by the taxpayer are considered confidential and not open to public inspection. O.C.G.A., § 48-5-314. Returns are public information.

BUSINESS PERSONAL PROPERTY	TAX YEAR	ACCOUNT NUMBER						
TAX RETURN THIS RETURN IS CONSIDERED PUBLIC INFORMATION AND WILL BE OPEN FOR PUBLIC INSPECTION RETURN COMPLETED FORM TO ADDRESS LISTED BELOW.	DUE	DATE	MAP AND PARCEL I.D. NO	D. NAICS NO.				
COUNTY NAME AND RETURN ADDRESS	TAXPAYER NAME AND ADDRESS							
	BUSINESS PHYSICAL LOCATION							
To avoid a 10% penalty on items not previously returned, file not later than the due date listed above. This return is subject to audit by the Board of Tax Assessors under O.C.G.A. §48-5-299 and §48-5-300. The return and	IF MAILING ADDRESS OR NAME IS INCORRECT, PLEASE CORRECT IN THE SPACE PROVIDED BELOW. NAME:							
supporting schedule must be completed and returned in order for property to be properly returned. Department of	ADDRES	S:						
Revenue Rule 560-11-1008 (3) (C)	CITY, STA	TE, ZIP:						
L I N E PERSONAL PROPERTY STRATA	The values from Schedules A, B, and C should be listed below. If the values, in your opinion, do not reflect fair market value then declare your estimate of value under the column headed Taxpayers Returned Va							
		R RETURNED S OF JAN. 1	INDICATED VALUE FROM SCHEDULES A, B, & C	FOR TAX OFFICE USE				
F. Furniture/Fixtures/Machinery/Equipment — includes all fixtures, furniture, office equipment, computer hardware, production machinery, off-road vehicles, farm equipment and implements, tools and implements of manual laborers' trade, leasehold improvements personal property in nature and construction in progress personal property in nature.								
I. Inventory — Includes all raw materials, goods in process, finished goods, livestock and agricultural products, all consumable supplies used in the process of manufacturing, distributing, storing or merchandising of goods and services, floor planned inventory and spare parts. Does not include Freeport Exemption amount granted under O.C.G.A.§ § 48-5-48.2 or 48-5-48.6.								
P. Freeport Inventory — Includes inventory exemption amount Under O.C.G.A. §§ 48-5-48.2 and 48-5-48.6								
Z. <b>Other Personal</b> — Includes all personal property not otherwise defined above.								
TOTALS								
It shall be the duty of the county Board of Tax Assessors to investig ascertaining what property is subject to taxation and to require the				ity for the purpose of				
<b>TAXPAYER</b> <sup>4</sup> "I do solemnly swear that I have carefully read (or have hear foregoing tax list, and that the value placed by me on the pro- and I further swear that I returned, for the purpose of being or have control of either as agent, executor, administrator, of taxed thereon, I have not attempted either by transferring governing taxation in this state. I do further swear that in male	rd read) ar perty retur taxed ther or otherwis my prope	nd have duly med, as show eon, every sp e; and that in rty to anothe	n by the list, is the true m becies of property that I of making this return, for th r or by any other means	arket value thereof; wwn in my own right e purpose of being to evade the laws				
of every species of property contained therein." TAXPAYER OR AGENT X		ature						
PLEASE PRINT OR TYPE NAME	Sign							
TITLE DATE:		PHON	IE NUMBER:					

PAGE 1

GE	ENERAL INFORMATION - THIS SECTION SHOULD BE COMPLETED IN DETAIL (NOTE: THIS INFORMATION IS OPEN TO PUBLIC INSPECTION)
1.	CHECK TYPE OF BUSINESS: COMMERCIAL [ ] INDUSTRIAL [ ] AGRICULTURAL [ ]
2.	CHECK TYPE OF GA. INCOME TAX FILED: CORPORATION [ ] INDIVIDUAL [ ] PARTNERSHIP [ ]
3.	FISCAL YEAR ENDING DATE OF BUSINESS:
4.	FEDERAL EMPLOYER IDENTIFICATION NUMBER:
5.	STATE TAXPAYER IDENTIFICATION (S.T.I.) NUMBER: STATE SALES TAX NUMBER:
6.	NAME OF PRESIDENT OF CORPORATION OR OWNERS NAME:
7.	DOING BUSINESS AS:
	NAME ON BUSINESS LICENSE:
9.	IF BUSINESS LOCATED WITHIN CITY LIMITS, LIST CITY NAME:
10.	PREPARERS NAME:
	ADDRESS: PHONE: #
11.	PERSON WHO SHOULD BE CONTACTED CONCERNING QUESTIONS ABOUT THIS RETURN:
	NAME:PHONE #:
12.	LOCATION OF SUPPORTING RECORDS:
13.	PHONE NUMBER OF BUSINESS: HOME OFFICE NUMBER:
	TOLL FREE NUMBER:         FAX NUMBER:
	EMAIL ADDRESS:
14.	MAIN BUSINESS PRODUCT OR ACTIVITY:
15.	NORTH AMERICAN INDUSTRY CLASSIFICATION SYSTEM (NAICS) NUMBER:
16.	SQUARE FOOTAGE OF BUILDING: IF RETAIL, SQUARE FOOTAGE OF RETAIL AREA:
17.	IF YOU CLOSED OR SOLD YOUR BUSINESS, PLEASE LIST NEW OWNER'S NAME AND ADDRESS
	DATE BUSINESS BEGAN IN THIS COUNTY: WAS RETURN FILED LAST YEAR? YES [ ] NO [
	DO YOU OR YOUR BUSINESS HAVE ASSETS LOCATED IN OTHER COUNTIES IN THIS STATE? YES [ ] NO [ ]
20.	DOES THE BUSINESS OWN A BOAT AND MOTOR? YES [ ] NO [ ]
	AIRCRAFT? YES [ ] NO [ ] IF YES, PLEASE REQUEST MARINE FORM PT-50M OR AIRCRAFT FORM PT 50A.
RE	
1.	O.C.G.A. § 48-5-299 requires the Board of Tax Assessors to diligently investigate and inquire into the property owned in the county for the purpose o
2.	ascertaining what property, real and personal is subject to taxation in the county and require its proper return for taxation. O.C.G.A. § 48-5-300 grants the Board of Tax Assessors authority to require production of books, papers, or documents, by subpoena, if necessary, which may
	aid in determining the proper assessment.
3.	O.C.G.A. § 48-5-269 grants the State Revenue Commissioner the authority to prescribe the forms, books, and records to be used for standard property tax reporting for all taxing units, including but not limited to, the forms, books, and records to be used in the listing, appraisal and assessment of property and how
4.	the forms, books, and records shall be compiled and kept. O.C.G.A. § 48-5-269.1 grants the State Revenue Commissioner the authority to adopt and require the use of uniform procedural manual for appraising tangible
	real and personal property.
5.	In accordance with the above sections of the Georgia Code this return and schedules are submitted to you for your completion. Failure to file a completed copy of this form may lead to an audit of your records and/or the placing of an assessment on your property from the best information obtainable in accordance with
6.	O.C.G.A. § 48-5-299 (a). Freeport Exemption (O.C.G.A. § § 48-5-48.2 and 48-5-48.6) may be available in your county. Applications are available on request and must be completed
	and filed with the business personal property return and schedules prior to the deadline for filing.
7.	Any air and water pollution control facilities owned may be exempt under O.C.G.A. § 48-5-41 (11) which states "All property used in or which is a part of an facility which has been installed or constructed at any time for the primary purpose of eliminating or reducing air and water pollution of such facilities and has
	been certified by the Department of Natural Resources as necessary and adequate for the purpose intended" shall be exempt from all Ad Valorem Property
8.	Taxes in this state. Most counties do not accept metered mail dates as filing dates unless counter stamped by the post office. Be sure that the date of deposit and the postmark
9.	date are the same if mailing close to the deadline. O.C.G.A. § 48-5-41.1 states "All farm products grown in this state and remaining in the hands of the producer during the one year beginning immediately after
0.	their production and harvested agricultural products which have a planting-to-harvest cycle of 12 months or less, which are customarily cured or aged for a
	period in excess of one year after harvesting and before manufacturing, and which are held in this state for manufacturing and processing purposes and a qualified farm products grown in this state shall be exempt from Ad Valorem Property Taxes."
10.	
11.	Boats and motors and aircraft should be reported on a separate reporting form which will be provided upon request.
12.	Computer software (O.C.G.A. § 48-1-8) .shall constitute personal property only to the extent of the value of the unmounted or uninstalled medium on or in which
	it is stored or transmitted except that held as inventory ready for sale. PAGE 2

Γ

BUSINESS PERSONAL PROPERTY SCHEDULE A				TAX YEAR	TAX YEAR IF ASSISTA			TANCE NEEDED CALL		ACCOUNT NUMBER	
(FURNITURE / FIXTURES / MACHINERY / EQUIPMENT)			DUF	DUE DATE MAP AND PARCEL I.D. NC			. NAICS NO.				
THIS SCHEDULE IS CONSIDERED CONFIDENTIAL AND WILL NOT BE OPEN FOR PUBLIC INSPECTION RETURN COMPLETED FORM TO ADDRESS LISTED BELOW											
COUNTY NAME AND RETURN ADDRESS				TAXPAYER NAME AND ADDRESS							
				IAXPAYER NAME AND ADDRESS							
FURNITU	OR YOUR BUSINESS OWN ANY IRE, OR FIXTURES ON JANUARY			BUSINESS PHYSICAL LOCATION							
YEAR	FYÉS, PLEASE LIST BELOW. PREVIOUSLY REPORTED	ADDITIONS OR		ISPOSALS OR		A		COMP		ATED BASIC COST	
ACQUIRED	ORIGINAL COST NEW +			ANSFERS OUT	=			FACTOR		PROACH VALUE	
GROUP 1:	TYPICAL ECONOMIC LIFE		<u>_ES ON I</u> -	INSTRUCTIO	N SHE	<b>EET)</b> /	A.C.R.S./ M.A.C.R.S.	a	PTABLE		
	+		-				X	1	_		
	+		-				×		_		
	+		-				X	-	_		
	+		-		=		×		_		
	+		-		=		X		=		
	+		-		=		×	-	=		
	+		-		=		X		=		
TOTAL GROUP 1											
	: TYPICAL ECONOMIC LIFE	OF 8-12 YEARS (EXAMI			ON SH	HEET)	) A.C.R.S./ M.A.C.R.S.	NOT ACC	EPTABLE		
	+		-		=	:	X		=		
	+		-		=	:	X		=		
	+		-		=	:	X		=		
	+		-		=	:	×		=		
	+		-		=	:	X		=		
	+		-		=	:	X		=		
	+		-		=	:	×		=		
	+		-		=	:	X		=		
	+		-		=		X		=		
	+		-		=	:	X		=		
	+		-		=	:	X X		=		
TOTAL GROUP 2	Т		-		=	:	^		-		
	B: TYPICAL ECONOMIC LIFE										
GROUP 3		OF ISTEARS OR MOR			<u> =</u>		X	1			
	+		-			:	X		=		
	+		-			:	X		=		
	+		-		=	:	X		=		
	+		-		=	:	X		=		
	+		-		=	:	X		=		
	+		-		=	:	X		=		
	+		-		=	:	×		=		
	+		-		=	:	X		=		
	+		-		=	:	X		=		
	+		-		=	:	×		=		
	+		-		=	:	X		=		
	+		-		=	-	X		=		
	+		-		=	:	X		=		
	+		-		=	:	X		=		
	+		-		=	-	X		=		
TOTAL GROUP 3	+		-		=		X		=		
	TYPICAL ECONOMIC LIFE O		5 7662	T CL ASS 00	12 10				MACRE		
GROUP 4:		ALOUI.R		. 1 OLA33 UU.				/ A.O.R.3./ I	=	NOT ACCEPTABLE	
	T		-				^ X		=		
	+		-				X		=		
			-		=		X		=		
TOTAL GROUP 4											
TOTAL ALL GROUPS											

ł

### BUSINESS PERSONAL PROPERTY SCHEDULE B INVENTORY

THIS SCHEDULE IS CONSIDERED CONFIDENTIAL AND NOT OPEN TO PUBLIC INSPECTION

SCH	HEDULE B - INVENTORY - SE		UCTION SH	IEET									
If yes	ou or your business own any inventory on Ja s, please list in space provided below. Show	w total 100% o	ost, do not inclu	ide	Indicate your inv Method, Weighte			ver of Cost or I	Market, Retail				
licensed motor vehicles, or dealer heavy duty equipment for sale weighing over 5,000 pounds and to be used for construction purposes.			2.	<ul> <li>Check Cost Method as it applies to your inventory: () Actual () LIFO</li> <li>() FIFO LIFO not acceptable</li> </ul>									
1. N	Merchandise			3	Fiscal Year ending	g date of busines							
2. F	Raw Materials			_	If your Fiscal Year a breakdown of h				should attach				
3. 0	Goods in Process			4. 5.	<i>,</i> ,				rhead at your				
4. F	Finished Goods				level of trade on January 1.								
5. C	Goods in Transit			6.	If you file a Corp most current balar								
6. V	Warehoused			_	Form 1065, Scheo If you filed an Ind								
7. C	Consigned			_	of your most curre	ent Profit or Loss	Statement Form	1040, Schedule	e C, Pages 1 &				
8. F	Floor Planned			_	2 as filed with you requested for invo								
9. 5	Spare Parts			_	inspection (O.C.G any Income Tax F			u cannot be requ	uired to furnish				
	Supplies			_ 7.	Inventory is subje	ect to audit and v	erification from y		nose you have				
S	ncludes computer, medical, office and operating supplies, fuel, and tangible prepaid expensed items Packaging Materials	)		8.	filed with the Stat Do not make any				nkage. Do not				
	Livestock			۵	discount, figures				crease should				
	(Non Exempt 48-5-41.1)			_	be submitted.								
	FOTAL INVENTORY			11	Gross Sales for the All taxable livester			e reported as i	nventory. See				
	er total on page 1 Line I schedule c er exempt amount on Line P and ta			nt	O.C.G.A. § 48-5-4			·	,				
SCH	<b>IEDULE C - CONSTRUCTION</b>		RESS										
this c	ou have unallocated costs for construc construction in progress that has not be ated Value to Total on Page 1 Line F S	een reported	in any other s										
(/	DETAILED DESCRIPTION OF ITEMS ATTACH SUPPLEMENTAL SHEETS IF NEE		YEAR ACQUIRED	USEFL LIFE (YEAR:	COST	X MARK VALU FACTO		CATED (	OFFICE USE ONLY				
						X .75							
	CTION 1: CONSIGNED GOOD		•		·	· ·							
	you have any consigned goods, floor p owned by you and was not reported in												
(	DESCRIPTION OF GOODS (ATTACH SUPPLEMENTAL SHEETS IF NE	EDED)	FULL COST		NAME AND ADDRESS OF LEGAL OWNER								
SEC	CTION 2: LEASED OR RENT												
		ED EQUI	PMENT										
mach	you have in your possession or was hines (coffee, cigarette, candy, games o wned by you? Yes ( ) No ( ). If yes, lis	there located etc.) or other	d at your busir type personal	propert	y which was leased,	rented, loaned,	stored or otherwi	se located at yo	ur business and				
mach not o	you have in your possession or was hines (coffee, cigarette, candy, games of	there located etc.) or other at the equipm	d at your busir type personal	propert e provic	y which was leased,	rented, loaned,	stored or otherwi	se located at yo	ur business and				
mach not o	you have in your possession or was hines (coffee, cigarette, candy, games o wned by you? Yes ( ) No ( ). If yes, lis	there located etc.) or other at the equipm	d at your busir type personal ent in the spac	propert e provic	y which was leased, led below (exclude l SELLING	rented, loaned, icensed motor ve RENTAL AMOUNT	stored or otherwi ehicles). Attach s DATE OF	se located at you upplemental she	ur business and eet if necessary.				
mach not o	you have in your possession or was hines (coffee, cigarette, candy, games o wned by you? Yes ( ) No ( ). If yes, lis NAME/ADDRESS OF OWNER	there located etc.) or other t the equipm DES	d at your busir type personal ent in the spac CRIPTION OF IT	propert	y which was leased, led below (exclude l SELLING	rented, loaned, icensed motor ve RENTAL AMOUNT	stored or otherwi ehicles). Attach s DATE OF	se located at you upplemental she	ur business and eet if necessary.				
mach not o r SEC	you have in your possession or was hines (coffee, cigarette, candy, games o owned by you? Yes ( ) No ( ). If yes, lis NAME/ADDRESS OF OWNER CTION 3: ADDITIONS OR ITE	there located etc.) or other at the equipm DES EMS TRAN	d at your busir type personal ent in the spac CRIPTION OF IT	propert e provic EM	y which was leased, led below (exclude l SELLING PRICE	rented, loaned, icensed motor ve RENTAL AMOUNT PER MONTH	stored or otherwi ehicles). Attach s DATE OF MANUFACTURE	se located at yo upplemental she DATE INSTALLED	LENGTH OF LEASE				
mach not o r SEC	you have in your possession or was hines (coffee, cigarette, candy, games o wned by you? Yes ( ) No ( ). If yes, lis NAME/ADDRESS OF OWNER	there located etc.) or other to the equipm DES <b>MS TRAN</b> red in for prior	d at your busin type personal ent in the spac CRIPTION OF IT ISFERRED years or the curre	Propert e provid EM IN ent year	y which was leased, led below (exclude I SELLING PRICE	rented, loaned, icensed motor ve RENTAL AMOUNT PER MONTH	stored or otherwi ehicles). Attach s DATE OF MANUFACTURE	se located at yo upplemental she DATE INSTALLED	LENGTH OF LEASE				
mach not o r SEC	you have in your possession or was hines (coffee, cigarette, candy, games o owned by you? Yes ( ) No ( ). If yes, lis NAME/ADDRESS OF OWNER CTION 3: ADDITIONS OR ITE ou have items which were added or transfer	there located etc.) or other to the equipm DES <b>MS TRAN</b> red in for prior	d at your busin type personal ent in the spac CRIPTION OF IT ISFERRED years or the curre	Propert e provid EM IN ent year	y which was leased, led below (exclude I SELLING PRICE	rented, loaned, icensed motor ve RENTAL AMOUNT PER MONTH	stored or otherwi ehicles). Attach s DATE OF MANUFACTURE	se located at yo upplemental she DATE INSTALLED	vided below.				
mach not o r SEC Did ye	you have in your possession or was hines (coffee, cigarette, candy, games o woned by you? Yes ( ) No ( ). If yes, lis NAME/ADDRESS OF OWNER CTION 3: ADDITIONS OR ITE ou have items which were added or transfer DETAILED DESCRIPTION OF	there located etc.) or other tt the equipm DES <b>IMS TRAN</b> red in for prior ITEMS (ATT)	d at your busin type personal ent in the spac CRIPTION OF IT ISFERRED years or the curre ACH SUPPLEN	propert e provic EM IN ent year MENTA	y which was leased, led below (exclude I SELLING PRICE	rented, loaned, icensed motor ve RENTAL AMOUNT PER MONTH	stored or otherwi ehicles). Attach s DATE OF MANUFACTURE	se located at yo upplemental she DATE INSTALLED	vided below.				
mach not o r SEC Did yo SEC	you have in your possession or was hines (coffee, cigarette, candy, games o owned by you? Yes ( ) No ( ). If yes, lis NAME/ADDRESS OF OWNER CTION 3: ADDITIONS OR ITE ou have items which were added or transfer DETAILED DESCRIPTION OF CTION 4: DISPOSALS OR ITE you have items which have been sold, j	there located etc.) or other to the equipm DES EMS TRAN red in for prior ITEMS (ATT)	d at your busin type personal ent in the spac CRIPTION OF IT ISFERRED years or the curre ACH SUPPLEN	Propert e provic EM IN ent year MENTA	y which was leased, led below (exclude I SELLING PRICE that were not previous SHEETS IF NEED	rented, loaned, icensed motor ve RENTAL AMOUNT PER MONTH ly reported? Yes ( DED)	stored or otherwi ehicles). Attach si DATE OF MANUFACTURE	se located at yo upplemental she INSTALLED tin the space prov D ORIGINA	LENGTH OF LEASE vided below.				
mach not o r SEC Did y space	you have in your possession or was hines (coffee, cigarette, candy, games o owned by you? Yes ( ) No ( ). If yes, lis NAME/ADDRESS OF OWNER CTION 3: ADDITIONS OR ITE ou have items which were added or transfer DETAILED DESCRIPTION OF CTION 4: DISPOSALS OR ITE	there located etc.) or other to the equipm DES <b>MS TRAN</b> red in for prior ITEMS (ATT/ EMS TRAN unked, trans	d at your busir type personal ent in the spac CRIPTION OF IT ISFERRED years or the curre ACH SUPPLEN INSFERRED ferred or other	Propert e provic EM IN ent year MENTA	y which was leased, led below (exclude I SELLING PRICE that were not previous SHEETS IF NEED Ionger located at th	rented, loaned, icensed motor ve RENTAL AMOUNT PER MONTH ly reported? Yes ( DED)	stored or otherwi ehicles). Attach si DATE OF MANUFACTURE ) No ( ). If yes, lis YEAR ACQUIRE ary 1 this year? Y	se located at yo upplemental she INSTALLED tin the space prov D ORIGINA	LENGTH OF LEASE vided below.				