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## 2013 DUPLIN COUNTY, NORTH CAROLINA

Duplin County Tax Department Business Division PO Box 968, Kenansville,NC 28349 (910)296-2110

Linens, China, Silverware (Restaurants-Hotels)

Other Supplies & Materials Not Held for Sale

**Total Supplies** 

Listing Required by January 31, 2013

Penalties will be assessed for late listing\*

Account Number Township		own / Fire District	E	<u> Business ID /</u>	Social Securi	ty Number				
Name and Address			Busir	ness Location						
		ŀ	Physi	ical Location of Pro	perty					
		ŀ	Owne	er of Real Estate						
		Ī	Date I	Business Year Ends	:	_				
			Date	Business Began in	Duplin Co:					
Please make any correc	iona to nama and	1 11		of Incorporation:						
Name in which business was listed last Year:	nons to name and	raddiess	Type	Of Business (Groc	ery Store, MFG, Beau	ty Shop, etc)				
	Eili	G: 1	Perso	on To Contact for A	udit					
Filing Status		ng Status k block that applies)	Nan	ne:						
(Check block that applies)	— `	k block that applies)	Add	lress:						
Corporation Proprietorship	Retail Wholesa		Tele	ephone:						
Partnership	Manufac	eturing	Other NC Counties Where Personal Property is Located  Location of Accounting Records							
Unincorporated Association	Service									
Other (Specify)	Leasing Other (S									
	C) Ionio (S	peerry								
If out of business, complet	Date Busin	ess Operations Ceased:			Sold equipment/fixtu	ures/supplies to:				
this section only.	Sold	Closed Bankrupt		Other	Date Sold:					
STINGS WITH INSUFFICIENT DETAIL						ESSED				
		SUBMITTED DURING TH	IE RI			5 . H . O I				
Schedule A	- Supplies			Late List Dept. Use						
List all supplies in your possession	January 1 (In	ventories are exempt)		Yes N						
Office Supplies				Valuation Su	mmary	Assessed Value				
Maintenance & Janitorial Supplies		A - Supplies								
Medical, Dental or Other Professional		B - Machinery & Equipment								
Beauty Shop & Barber Supplies			C - Vehicular Equipment							
Fuels Of All Kinds										
Equipment Spare Parts	Equipment Spare Parts					D - Boats, Motors, Mobile Homes				

## **EXTENSIONS**

CIP

**Total** 

For reasons of good cause, extension time in which to list may be obtained by sending a written request in duplicate to the Tax Department by January 31. **Extensions will not be granted by telephone.** The written request must be postmarked by the US Postal Service by January 31 (not a postage meter). **This will only extend the listing period to March 15th.** If extension is granted and listing forms are not received by March 15th, the account will be marked as late filing and will be assessed a penalty.

List at 100% cost by year of acquisition,					include all fully depreciated assets in your possession							
Machinery & Equipment						Furniture & Fixtures						
Year Acquired	Prior Yr Cost	Additions	Deletions Current Yr Cost		Year Acquired	Prior Yr Cost	Additions	Deletions	Current Yr Cost			
2012	X		X		2012	X		Χ				
2011				-	2011							
2010					2010							
2009					2009							
2008					2008							
2007					2007							
2006					2006							
2005					2005							
2004					2004							
2003					2003							
2002					2002							
2001					Prior							
2000					TOTAL							
1999						С	omputer E	quipment	•			
1998					Year	Prior Yr Cost	Additions	Deletions	Current Yr			
1997					Acquired				Cost			
Prior					2012	X		X				
TOTAL					2011							
	Leasehol	d Improve	ments		2010							
				1.0 ()/	2009							
Year Acquired	Prior Yr Cost	Additions	Deletions	Current Yr Cost	Prior							
-			· ·	Cost	TOTAL				<u> </u>			
2012	X		X			Other - to be	used only wi	th County app	oroval			
2011					Year	Prior Yr	Additions	Deletions	Current Yr			
2010					Acquired	Cost		V	Cost			
2009					2012	Χ		X				
2008					2011							
2007					2010							
2006					2009							
2005					2008			+				
2004					2007							
2003					2006							
2002					2005			+	<b></b>			
2001					2004			+	<b></b>			
2000					2003			_				
1999					Prior			_				
Prior					TOTAL							
TOTAL					Construction In Progress							
Expensed Items - Capitalization Threshold												
Year Acquired	Prior Yr Cost	Additions	Deletions	Current Yr Cost	List total of all personal property expenditures in CIP account on January 1st, but not included above - itemize in schedule E							
2012	X		Χ	1								
2011					1							
Prior					Total CIP :	\$						
Total	1				1							

Schedule C - Unregistered Vehicular Equipment - includes cars, trucks, tractors & trailers used in connection with this business. Also includes multi-year licensed vehicles (vehicles not required to have licenses renewed each year). Fork lifts, commercial and industrial type tractors must be listed under machinery equipment

Year	Make	Model or Series	Size	Vehicle Title Number	i not i i onaraotoro	Special	100% Original Cost		Department Use Only
Exact name in which titled if different from business name:									

Account Number: Page 3

			ъ	3.5		_		.,	10	-						- U	—
		Schedule D -			-	-						٠					
	Other e	quipment ad	ded af	ter orig	ınal purc		should be		l separately dentificat			edule if			of Item	- In	
Туре	Year	Make/ Model	Size	.   (	Cost		chased (Name &					T +		Location of Item (Marina, Airport, MH Park)		Departr k) Use O	
Boat																	
Motor		HP															
Boat		LID															
Motor Aircraft		HP															
Aircraft				-													
Mobile Home			Х														
Mobile Home			X														
	ne type:	Inboard = IN	IB Out	tboard =	= OB Inb	oard	/Outboard	= I/O						ŀ	TOTAL		
Ü									and/or D	isposa	ls					·	
		Mac	hinery,	Equipm					e prior year			lule if ne	cessary)	1			
Acquisition	ns - Ite	mize in De	etail		6 Origin Installe		Disposa	als - It	emize in	Detail		Year A	Acquir	ed	100% Ori	ginal Cost	t
			1														
	Scheo	dule F - Add	itions					-	necessary)	in prio	r yea	ır	Ye Acqı		100% Or	iginal Cos	st
Owner of real	estate v	where leaseh	old imr	rovem	ents are l	ocate	54·										
Owner or rear	Coluic	VIICIC ICASCII	old lilip	JIOVCIII			state Imp	rovo	monte								
During the pa	ast caler	ndar vear. did	l vour b	ousines						tions to	real	property	owned	bv vo	ur business?	,	
If yes, attach		-									Yes			ΠN			
	·	Schedule C	i - Pro	perty i	n Your I	Posse	ession on	Janua	ry1, But (		•						
If you had in you	r posses	sion any busine	ess mac	hines, po	ostage me	ters, r	machinery,	equipm	ent, furniture	e, fixture	s, tool	s, signs, v	vending	machine	es, etcwhich	are leased o	r oth
Name &	Addre	ss of Owne	er	Des	cription	of F	Property		ate Of Lease	Month Paym		Leng of Le			ount or se No.	Selling Price Ne	w
			1														
		Schedule F	I - Lea	sed Mo						your P	osses	ssion o	n Janu	ary 1.			
					`		ional sched			<del> </del>	-	5			· · ·	I o	
Name & Ad	dress	of Owner	Yea	ar	Make	\	/ehicle I Nu	dentr umbe		Date of Lease List Body or Special Equipment mounted on Trucks Separately at 100% Cost			Selling Price Ne	€W			
			I	1		l											
North Carolina to the			es repo	rting of	all perso	nal p	roperty er	ntruste		y others	s for s	storage,	sale, re	ental or	other busin	ess purpos	se
		Address c							on of Pro						antity	Value	
D		-1							e Person							-14	
Do you lease o											gove	nment,	an airp	ort auti		sity,or othe No	er
	exempt owner? If yes, include lease information Name and Address of Owner			_	scription			iai scri		of Lea	ase	1	Month	_		ACCT No.	
·																	
				Cch-	dule 17	Diiii	b o o r d o	0::4-	loou A d	o w41 = !	- O4						
Does your bus	siness o	wn any billbo	ards -	outdoo	r advertis	ااااظ ing s	tructures?	Outo?	loor Adv	ertisin	g St	ructure	es				
If yes, attach		•				·					Ye	es			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  Taxp	oayer 🔲 Guardia 🔲 Autho	orized Agent	care of the person and
For Corporations, Partnership	s, Limited Liability Compa	anies, Unincorporated Associat	tions:
Principal Officer of the Taxpayer Title	Full-time employee of the tax property and sign the affirma	payer who has been officially empowered tion. Title	by a principal officer to list the
Authorized Agent. If this capacity is se	elected, I certify that I have NCDO	R form AV-59 on file for this taxpayer:	Yes No
inventories, schedules, and any other i	information is true and complete rue value of all of the taxpayer's	edge and belief this listing, including and the signed by an individual other property subject to taxation in this coun	r than the taxpayer, he affirms
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).