COMPLETE IF YOU DID NOT ENCLOSE OTHER REQUIRED LISTING DOCUMENTATION, DEPRECIATION SCHEDULE, OR ASSET LISTING.

SMALL BUSINESS ITEM LISTING

BUSINESS NAME: _____

PHONE: _____ FAX _____ E-MAIL _____

ADDRESS: _____

	ITEM TYPE AND DESCRIPTION	DATE ITEM ACQUIRED	INSTALLED COST NEW / USED
1.			$
2.			$
3.			$
4.			$
5.			$
6.			$
7.			$
8.			$
9.			$
10.			$
11.	VEHICLES:		$
12.			$
13.			$
14.			$
15.			$
		TOTAL COST	$

If the year acquired and exact cost is not known, please estimate as closely as possible and indicate in note below.

NOTES: _____

_____

_____

I have removed the following items from my business:

_____

_____

_____

Signed Business Owner:

_____ Date: _____

(SIGN BACK OF SCHEDULE AS WELL)

Accepted by Assessor's Office

By: _____ Date: _____

Unacceptable: Requires Field Review or Audit:

By: _____ Date: _____

ASSET LISTING REQUIRED