

PART III. LEASED PERSONAL PROPERTY- Report all items leased or rented by you for the conduct of your business as of January 1 regardless of any contract between the Lessor and Lessee as to who shall pay the taxes. Leased Personal Property is to be assessed to the Lessee.

| GRP | ITEM DESCRIPTION MAKE AND MODEL NUMBER SERIAL NUMBER | ITEM COST | LEASE TERM YEAR LEASE BEGAN | MONTHLY RENT | LEASE TYPE | LESSOR'S LEASE NUMBER | LESSOR NAME & ADDRESS |
|-----|--|-----------|--------------------------------|-----------------|-------------------------------|--------------------------|-----------------------|
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PART IV. OWNED ITEMS WITH NONSTANDARD VALUE- Report property on which you wish to report a value different from standard depreciated cost where such value more closely reflects fair market value. Include evidence to support the request for a non-standard value, such as a recent appraisal or a value from an authoritative price or valuation guide. Such evidence will be considered in any determination of a nonstandard value. If additional space is needed, attach a separate sheet using the same format.

| GRP | ITEM DESCRIPTION | YEAR MADE | ACQUISITION COST | DEPR FACTOR | VALUE AS OF JANUARY 1 | DEPR | ASSESSOR'S USE ONLY VALUE |
|--|------------------|--------------|---------------------|----------------|--------------------------|------|------------------------------|
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| IF ADDITIONAL SPACE IS NEEDED, ATTACH A SEPARATE SHEET USING THE SAME FORMAT | | | | TOTAL | | | |

PART V. POLLUTION CONTROL - Report pollution control equipment qualified under T.C.A. 67-5-604 (enclose copy of certificate) Such equipment will be valued at one-half percent of cost.

| ACQUISITION COST | CERTIFICATE YEAR | CERTIFICATE EXPIRES |
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NOTES:

CHECK HERE IF BUSINESS HAS CLOSED
DATE OF CLOSURE: _____

SMALL ACCOUNT CERTIFICATION (OPTIONAL) - By checking the box at left, I certify that the total depreciated value of my property (all groups) is \$1000 or less. I understand this certification is subject to penalties for perjury and I may be subject to statutory penalty and cost if this certification is proven false.
With this certification, subject to audit, your assessment per schedule will be set at \$300.

I certify that the information contained herein, including any accompanying schedules or data, is true, correct, and complete, to the best of my knowledge and belief.

PRINT NAME _____ PRINT TITLE _____
SIGNED _____ TITLE _____ DATE _____

REMINDER: THIS SCHEDULE IS DUE ON OR BEFORE MARCH 1