COMPLETE IF YOU DO NOT ENCLOSE OTHER REQUIRED LISTING DOCUMENTATION, CURRENT FIXED ASSET LIST, DEPRECIATION SCHEDULE, ETC.

SMALL BUSINESS ITEM LISTING

BUSINESS NAME: _____

PHONE: _____ FAX: _____

ADDRESS: _____

ITEM TYPE AND DESCRIPTION	YEAR ITEM ACQUIRED	PURCHASE COST
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
VEHICLES:		$
		$
		$
SUPPLIES:	***AS OF 01/01/14**	$
TOTAL PURCHASE COST		$

If year acquired and exact cost is not known or equipment was a gift, you must estimate as closely as possible and indicate in the notes below, if the assets were purchased prior to opening the business, please indicate next to each item, if additional space is needed please use a blank sheet of paper.

* Please report 1 month of supplies.

NOTES: _____

_____

_____

I have removed the following items from my business (please use a separate sheet of paper, if needed):

Item	Year Acquired	Purchase Cost

Signature _____ Date _____

(PLEASE SIGN THIS FORM & BACK OF SCHEDULE AND RETURN BOTH TO OUR OFFICE)