PLEASE FILL OUT YOUR BUSINESS NAME & AIN # (LOCATED AT THE TOP RIGHT OF THE SCHEDULE B). COMPLETE THIS FORM IF YOU DO NOT ENCLOSE OTHER REQUIRED LISTING DOCUMENTATION, CURRENT FIXED ASSET LIST, DEPRECIATION SCHEDULE, ETC.

BUSINESS ITEM LISTING

(DO NOT LEAVE BLANK)

BUSINESS NAME: _____ AIN #_____

PHONE: _____Email:_____

PROPERTY ADDRESS: _____

ITEM TYPE AND DESCRIPTION	YEAR ITEM ACQUIRED	ACQUISITION COST
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
SUPPLIES (month estimate): ***Please report 1 month of supplies**	***AS OF 01/01/22**	$
TOTAL COST		$

If year acquired and exact cost is not known or equipment was a gift, you must estimate as closely as possible and indicate next to each item. If the assets were purchased prior to opening the business, please indicate next to each item also. If you need more space, please attached additional pages with the same concept.

NOTES _____

_____

_____

Signature _____ DATE _____

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