Form 904
Schedule 3
Revised 7-2006

Asset Listing (General)

Taxpayers filing in ______________________________ County for the first time or completing OTC Form 901 for the first time: Must complete this schedule listing like or similar items grouped by description, year of acquisition, original cost and class. This schedule to be filed with completed rendition.

Name of Business: ____ Tax Year: ______________

Address: ____

Personal Property Account Number: ____________________________________

Item Number	Description (Furniture, Fixtures, Signs, Machinery, etc.)	Year Acquired		Original Cost	*Assessors Use Only*			
		New	Used		Life Years	% Good	Factor	RecInd
			Total				**Total**	

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Schedule 3

Assessors Use Only (Life Years, % Good, Factor, RecInd)

Item Number	Description (Furniture, Fixtures, Signs, Machinery, etc.)	Year Acquired		Original Cost	Life Years	% Good	Factor	RecInd
		New	Used					
			Total				**Total**	