

LEASED EQUIPMENT FORM

NAME: _____

ADDRESS: _____

CITY: _____ STATE ____ ZIP

PHONE: (____) _____

1. Are you leasing or renting any Furniture, Fixtures, or Equipment from another party? YES NO
2. If answer is no at this time, do you anticipate leasing or renting any Furniture, Fixtures, or Equipment from another party? YES NO
3. Are you leasing or renting any Furniture, Fixtures, or Equipment to another party? YES NO
4. If answer to 1 or 3 is yes, please complete the following form in detail.
5. Advise if lessor or lessee is responsible for payment of ad valorem taxes. LESSOR LESSEE

DO NOT INCLUDE TRUCKS OR AUTOMOBILES
PLEASE INCLUDE TRUCK BODIES AND EQUIPMENT

NAME & ADDRESS OF OWNER OF LEASED OR RENTED EQUIPMENT	QUANTITY & DESCRIPTION OF EQUIPMENT BEING LEASED OR RENTED	SELLING PRICE AS STATED IN YOUR LEASE	ANNUAL LEASE OR RENT

ATTACH ADDITIONAL SHEET IF NEEDED.

SIGNATURE OF TAXPAYER

DATE