

LEASED EQUIPMENT FORM

NAME: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP CODE _____

PHONE: (____) _____ EMAIL: _____

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