

CABARRUS COUNTY, NC PROPERTY LISTING FORM - 2005

Cabarrus County Assessor's Office, P.O. Box 707, Concord, NC 28026-0707 Phone: 704-920-2166

TO AVOID A 10% LATE LISTING PENALTY:

- (1) COMPLETE LISTING FORM; PLEASE REFER TO SEPARATE INSTRUCTIONS SHEET ENCLOSED.
- (2) SIGN FORM. **NOTE: FORM WILL BE REJECTED AND RETURNED IF NOT SIGNED.**
- (3) RETURN ON OR BEFORE 1-31-2005.

NAME					TWP.	TAX JURISDICTION	CODE	ABSTRACT NO.
PIN					MAP	PARCEL	E/C	ACCOUNT NO.
					PER. EX.	REAL EX.	AGRI.	

A

B

C UNLICENSED VEHICLES - STRIKE THROUGH ANY UNLICENSED VEHICLE NOT OWNED AS OF JANUARY 1, 2005							OFFICE USE ONLY
TYPE	YEAR	MAKE	BODY	DESCRIPTION / VEHICLE IDENTIFICATION NUMBER	PARK		

D LIST ITEMS OWNED AS OF JANUARY 1, 2005 AND NOT PRE-PRINTED ABOVE. DO NOT LIST VEHICLES WHICH ARE CURRENTLY LICENSED (TAGGED) BY THE NORTH CAROLINA DEPARTMENT OF MOTOR VEHICLES.				OFFICE USE ONLY
YEAR	MAKE	MODEL/SERIES/BODY STYLE	COMPLETE VEHICLE IDENTIFICATION NUMBER	

PROPERTY DESCRIPTION	YR.	MAKE	MODEL/SERIES/TYPE	100% COST	YR. ACQ.
WATERCRAFT (SIZE _____ FT.)					
BOAT MOTOR (_____ HP.)					
WATERCRAFT LOCATION:					
AIRCRAFT (SERIAL # _____)					
AIRCRAFT LOCATION:					
MOBILE HOME (SIZE _____ FT. X _____ FT.)					
MOBILE HOME LOCATION:					

E FARM EQUIPMENT - LIST FARM EQUIPMENT YOU OWNED JANUARY 1, 2005 ONLY IF USED FOR THE PRODUCTION OF INCOME OR IN CONNECTION WITH A BUSINESS. ATTACH ADDITIONAL SCHEDULES IF NECESSARY. ALL INFORMATION SHOWN ON THIS FORM IS SUBJECT TO VERIFICATION OF YOUR RECORDS AND COMPARISON WITH YOUR NORTH CAROLINA INCOME TAX RETURN. IF YOU HAVE PROPERTY IN YOUR POSSESSION WHICH YOU ARE RENTING, LEASING OR OTHERWISE NOT OWNED BY YOU, ATTACH A SEPARATE SCHEDULE SHOWING FULL DESCRIPTION, NAME AND ADDRESS OF OWNER(S).

FARM MACH. & EQUIP. (100% COST BY YR. ACQUIRED)			FARM VEHICULAR EQUIP. (TRACTORS ETC.)						
YEAR ACQUIRED	100% COST	OFFICE USE ONLY	TYPE VEHICLE	MAKE	YR.	MODEL	YR. ACQ.	100% COST	OFFICE USE ONLY
2004									
2003									
2002									
2001									
2000									
1999									
1998									
1997 & PRIOR									
TOTAL →			TOTAL →						

F NEW CONSTRUCTION OR IMPROVEMENTS - CHECK THE APPROPRIATE BOX IF YOU HAD ANY NEW CONSTRUCTION OR MADE IMPROVEMENTS TO YOUR PROPERTY DURING THE YEAR 2004.		COST	COST
NEW HOUSE			
ADDED ROOM(S) OR BATH(S) (INDICATE WHICH)		ADDED NEW SIDING (ALUMINUM, VINYL, MASONITE, OR WOOD)	
ADDED FIREPLACE		ENCLOSED PORCH OR CARPORT (INDICATE WHICH AND SIZE)	
ADDED HEATING SYSTEM		FINISHED BASEMENT (STATE SIZE OF FINISHED AREA)	
ADDED CENTRAL AIR CONDITIONING SYSTEM		REMODELED INTERIOR	
ADDED BRICK VENEER		GARAGE, STORAGE OR OUTBUILDINGS (FRAME OR BRICK) SIZE _____ X _____	
OTHER (DESCRIBE, INCLUDING SIZE)		POOL SIZE _____ X _____	
		OTHER	

G UNDER PENALTIES PRESCRIBED BY LAW I HEREBY AFFIRM THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THIS LISTING, INCLUDING ANY ACCOMPANYING STATEMENTS, IS TRUE AND COMPLETE.

DATE _____ SIGNATURE _____

SEE SEPARATE INSTRUCTIONS SHEET ENCLOSED

CLAIMANT

SPOUSE

- 1. Full Name (as shown on abstract): _____
- 2. Residence Address: _____

- 3. Social Security Number: _____
- 4. Date of Birth: _____
If deceased, date of death _____
- 5. Telephone Number: _____
- 6. Description of Property: _____ Pin # _____
- 7. What percentage of ownership does claimant have in property? _____ If not 100%, list the name of other owner(s). _____
- 8. Is the property the claimant's permanent residence? _____
- 9. If claimant is not at least 65 years old but is totally and permanently disabled, attach a certificate from a physician licensed to practice medicine in North Carolina or from a government agency authorized to determine qualification for disability benefits and place an "X" in the space provided. _____
- 10. Enter the required income information from your individual Federal Income Tax Returns for the calendar year 2004 below. If you file a joint return, place all income information under the claimant column.

CLAIMANT

SPOUSE

- 1. Adjusted Gross Income for 2004: \$ _____ \$ _____
- 2. Tax exempt interest (not included in adjusted gross income): \$ _____ \$ _____
- 3. IRA distributions (not included in adjusted gross income): \$ _____ \$ _____
- 4. Pensions and Annuities (not included in adjusted gross income): \$ _____ \$ _____
- 5. Social security benefits (not included in adjusted gross income): \$ _____ \$ _____
- 6. Capital Gains (not included in adjusted gross income): \$ _____ \$ _____
- 7. All other moneys received (not included in adjusted gross income): \$ _____ \$ _____
including child support, if any

- TOTAL \$ _____ \$ _____

Attach a copy of the first page of your individual Federal Income Tax Returns for the calendar year 2004. If you have not filed at this time, please submit a copy of the first page at the time you file. While your income tax returns are confidential and will be treated as such, you may block out any information except for those items listed above. Your application for exclusion will be held until the income tax information is received. Include copies of W-2 forms or other statements showing the total income for the household.

ALL INFORMATION IS SUBJECT TO VERIFICATION WITH THE NORTH CAROLINA DEPARTMENT OF REVENUE.

AFFIRMATION OF CLAIMANT - Under penalties prescribed by law, I hereby affirm to the best of my knowledge and belief all information furnished by me in connection with this application is true and complete. I fully understand that this application constitutes an attachment to my official tax listing for _____ and that falsification on my part as to any material fact on this application will subject me to the criminal penalties contained in G.S. 105-310 (a class two misdemeanor).

Claimant's Signature _____ Date _____

BELOW FOR OFFICE USE ONLY

DATE PROOF OF INCOME SUBMITTED _____

APPROVED _____

DISAPPROVED _____

COUNTY ASSESSOR'S SIGNATURE _____

APPLICATION MUST BE RECEIVED BY JUNE 1st.