



**Business Property
 Assessment Return**
(907) 343-6770

TAX YEAR
2008
 Amended

This return must be postmarked and returned before April 20, 2008, and is subject to audit and verification. If you have questions about this form, please call (907)343-6770 or visit our web site at www.muni.org/finance/paperpersonal.cfm for information.

Before mailing this return, please double-check that you:

- Verify pre-printed information in **Part I**
- Identify business closure during the previous calendar year in **Part II**
- Provide all business and ownership information in **Part III**
Verify the NAICS Code and Business License Number
- Verify pre-printed information and complete all appropriate schedules for each business location in **Part IV**
- Complete appropriate special property schedules for each business location in **Part V**
- Provide all required signatures for the return in **Part VI**

Part I – Name, Address and Contact

Review all the pre-printed information to verify accuracy. Cross-out and/or insert information as appropriate. <input type="checkbox"/> Check this box if there are no changes or additions to the pre-printed information.	
Account Number:	Name of Contact Person:
Business Name:	Title of Contact Person:
Mailing Address: City, State, Zip Code:	E-mail Address of Contact Person:
Billing Address: City, State, Zip Code:	Telephone Number: () _____ - _____
	Fax Number: () _____ - _____

Part II – Closure

Indicate if the business named above was closed, sold or liquidated during the previous calendar year. Note: If closed after 12/31/07, you are still responsible for filing a 2008 Business Property Assessment Return.		
Type of Closure:	Date of Closure:	Business Assets were (check appropriate box or boxes): <input type="checkbox"/> Converted to Personal Use <input type="checkbox"/> Sold <input type="checkbox"/> Other: _____
New Owner Name, Address & Phone (if sold):		

Part III – Ownership Information

Ownership Type (check one): <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Other: _____		
Owner Name(s):	State of Alaska Business License # : License Expiration Date:	
Type of Business:	State NAICS Code / Line of Business and Activities Code:	Years in Business:
List all business licenses related to this business:		



Part IV – Property Schedules 1 – 19

The following information is to be provided at the top of each schedule page for **each business location**. Review all the pre-printed information to verify accuracy. Cross-out and/or insert information as appropriate.

Tax District:	Account Number:	Business Name:
Business Location:		

Complete all appropriate schedules for each business location.

For Leasing Companies Only	<input type="checkbox"/> Check this box if you have submitted your rendition in one of the acceptable, alternative electronic formats. Then provide the required signatures on page 8.
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Schedule 1	Inventory for Sale on Hand January 1, 2008
	\$ _____

Schedule 2	Supplies on Hand January 1, 2008
	\$ _____

Schedule 3	Office Furniture, Equipment and Leasehold Improvements	
Year of Acquisition	Total Original Installed Cost	Net Additions / (Deletions)
1998 and Prior		
1999		
2000		
2001		
2002		
2003		
2004		
2005		
2006		
2007		
Value <small>MOA Internal Use Only</small>		

Schedule 4	Computers and Data Processing Equipment	
Year of Acquisition	Total Original Installed Cost	Net Additions / (Deletions)
2002 and Prior		
2003		
2004		
2005		
2006		
2007		
Value <small>MOA Internal Use Only</small>		

Schedule 5	Store, Restaurant and Warehouse Equipment	
Year of Acquisition	Total Original Installed Cost	Net Additions / (Deletions)
1998 and Prior		
1999		
2000		
2001		
2002		
2003		
2004		
2005		
2006		
2007		
Value <small>MOA Internal Use Only</small>		

MOA Internal Use Only



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Part IV – Property Schedules 1 – 19, cont.

The following information is to be provided at the top of each schedule page for **each business location**. Review all the pre-printed information to verify accuracy. Cross-out and/or insert information as appropriate.

Account Number:	Business Name:
Business Location:	

Complete all appropriate schedules for each business location.

Schedule 6 Construction and Manufacturing Equipment		
Year of Acquisition	Total Original Installed Cost	Net Additions / (Deletions)
2000 and Prior		
2001		
2002		
2003		
2004		
2005		
2006		
2007		
Value <small>MOA Internal Use Only</small>		

Schedule 9 Connex / Underground Storage Tanks		
Year of Acquisition	Total Original Installed Cost	Net Additions / (Deletions)
1993 and Prior		
1994		
1995		
1996		
1997		
1998		
1999		
2000		
2001		
2002		
2003		
2004		
2005		
2006		
2007		
Value <small>Internal Use Only</small>		

Schedule 7 B&B / Hotel / Rental Furnishings		
Year of Acquisition	Total Original Installed Cost	Net Additions / (Deletions)
1999 and Prior		
2000		
2001		
2002		
2003		
2004		
2005		
2006		
2007		
Value <small>MOA Internal Use Only</small>		

Schedule 10 Artwork		
Year of Acquisition	Total Original Installed Cost	Net Additions / (Deletions)
2006 and Prior		
2007		
Value <small>MOA Internal Use Only</small>		

Schedule 8 Videos / Games/DVD		
Year of Acquisition	Total Number of Videos and Games	Net Additions / (Deletions)
2006 and Prior		
2007		
Value <small>MOA Internal Use Only</small>		



Part IV – Property Schedules 1 – 19, cont.

following information is to be provided at the top of each schedule page for **each business location**. Review all the pre-printed information to verify accuracy. Cross-out and/or insert information as appropriate.

The Account Number:	Business Name:
Business Location:	

Complete all appropriate schedules for each business location.

Schedule 11	Cable / Antenna / Cell Towers / Kiosks	
Year of Acquisition	Total Original Installed Cost	Net Additions / (Deletions)
1988 and Prior		
1989		
1990		
1991		
1992		
1993		
1994		
1995		
1996		
1997		
1998		
1999		
2000		
2001		
2002		
2003		
2004		
2005		
2006		
2007		
Value <small>MOA Internal Use Only</small>		
Schedule 12	Medical / Dental Equipment	
Year of Acquisition	Total Original Installed Cost	Net Additions / (Deletions)
1998 and Prior		
1999		
2000		
2001		
2002		
2003		
2004		
2005		
2006		
2007		
Value <small>MOA Internal Use Only</small>		

Schedule 13	Uniforms, Hotel / Motel Linens, Clothing and Costume Rentals	
Year of Acquisition	Total Original Cost	Net Additions / (Deletions)
2005 and Prior		
2006		
2007		
Value <small>MOA Internal Use Only</small>		

Schedule 14	Rail Cars	
Year of Acquisition	Total Original Installed Cost	Net Additions / (Deletions)
1993 and Prior		
1994		
1995		
1996		
1997		
1998		
1999		
2000		
2001		
2002		
2003		
2004		
2005		
2006		
2007		
Value <small>MOA Internal Use Only</small>		



Part IV – Property Schedules 1 – 19, cont.

The following information is to be provided at the top of each schedule page for **each business location**. Review all the pre-printed information to verify accuracy. Cross-out and/or insert information as appropriate.

Account Number:	Business Name:
Business Location:	

Complete all appropriate schedules for each business location.

Schedule 15	Pipeline	
Year of Acquisition	Total Original Installed Cost	Net Additions / (Deletions)
1983 and Prior		
1984		
1985		
1986		
1987		
1988		
1989		
1990		
1991		
1992		
1993		
1994		
Schedule 15 continues to the right		

Schedule 15, continued	Pipeline, continued	
Year of Acquisition	Total Original Installed Cost	Net Additions / (Deletions)
1995		
1996		
1997		
1998		
1999		
2000		
2001		
2002		
2003		
2004		
2005		
2006		
2007		
Value <small>MOA Internal Use Only</small>		

Schedule 16	Other (for every asset not reported in schedules 1-15 or 17-21)		
Year of Acquisition	Total Original Installed Cost	Net Additions / (Deletions)	Please describe asset in the space below
1997 and Prior			
1998			
1999			
2000			
2001			
2002			
2003			
2004			
2005			
2006			
2007			
Value <small>MOA Internal Use Only</small>			



Part IV – Property Schedules 1 – 19, cont.

The following information is to be provided at the top of each schedule page for **each business location**. Review all the pre-printed information to verify accuracy. Cross-out and/or insert information as appropriate.

Account Number:	Business Name:
Business Location:	

Complete all appropriate schedules for each business location.

Schedule 17	Aircraft Used in Business		
Airport	Model	Number of Landings (annual)	

Schedule 18	Mobile Homes Used in Business						
Space Number	Location - Mobile Home Park (if on private lot, list legal description or Assessor ID #)	Make	Year	Width	Length	Tip-out Size	Additions or Carport Size

Schedule 19	Boats Used in Business			
Make:	Type of Material:		Powered by (check appropriate boxes for motor type and provide horsepower):	Outboard Motor Information (if applicable)
	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Fiberglass		
Model:	Year:	<input type="checkbox"/> Wood	<input type="checkbox"/> Other: _____	Make:
Boat Length:	USCG Number (if applicable):		<input type="checkbox"/> Inboard, HP: _____	Model:
	<input type="checkbox"/> Inb'd-outb'd, HP: _____	<input type="checkbox"/> Outboard, HP: _____	Year:	
Original Installed Cost (for both boat and motor):			Year Purchased:	
Make:	Type of Material:		Powered by (check appropriate boxes for motor type and provide horsepower):	Outboard Motor Information (if applicable)
	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Fiberglass		
Model:	Year:	<input type="checkbox"/> Wood	<input type="checkbox"/> Other: _____	Make:
Boat Length:	USCG Number (if applicable):		<input type="checkbox"/> Inboard, HP: _____	Model:
	<input type="checkbox"/> Inb'd-outb'd, HP: _____	<input type="checkbox"/> Outboard, HP: _____	Year:	
Original Installed Cost (for both boat and motor):			Year Purchased:	



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<input type="checkbox"/> Amended

Part V – Special Property Schedules

The following information is to be provided at the top of each schedule page for **each business location**. Review all the pre-printed information to verify accuracy. Cross-out and/or insert information as appropriate.

Account Number:	Business Name:
Business Location:	

Complete the appropriate special property schedules for each business location.

Schedule 20	Leased Property (not real estate)				
Name and Address of Lessor	Description of Property, Lease Number	Date of Lease	Term of Lease	Original Cost	Annual Lease Payments

Schedule 21	Non-Owned Property at Business Location (not owned by business but at the business location on January 1, and other than Leased Property listed in Schedule 20)	
Name and Address of Owner	General Property Description	



Important Information

See Anchorage Municipal Code (AMC) Title 12 and Alaska Statute (AS) Title 29

Every person who owns or controls business personal property within the Municipality as of January 1 of each year must file a business personal property assessment return indicating ownership or control of the business personal property. See AMC 12.10 et seq. **This Business Property Assessment Return must be postmarked and returned before April 20, 2008.** Delinquent returns will be subject to a late filing penalty.

In accordance with Alaska Statute, the Municipal Assessor is to assess property at its full and true value as of January 1 of the assessment year. The full and true value is the estimated price which the property would bring in an open market under the then prevailing market conditions in a sale between a willing seller and a willing buyer both conversant with the property and with prevailing general price levels. See AS 29.45 et seq.

The completed business property assessment return may be subject to audit and verification. Civil penalties may be assessed in the event that false information is provided on this return.

If you have questions about this return form, please call the **Municipality's Property Appraisal Customer Service at (907)343-6770** or visit our web site at www.muni.org/finance/paperpersonal.cfm . For information regarding municipal code, please contact the Municipal Clerk at (907) 343-4311. For Alaska Statute information, please call the State of Alaska Legislative Information Office (LIO) at (907) 269-0111, by e-mail to Anchorage.LIO@legis.state.ak.us , or visit their web site at www.legis.state.ak.us .

Part VI – Required Signatures

Important: The business signature **and** the preparer signature, if other than the taxpayer, are **both** required.

Business Signature

I swear or affirm, under penalty of perjury, that I have examined this return, including any accompanying schedules, statements, and documentation, and to the best of my knowledge and belief it is true, correct and complete and includes all property required to be reported under the laws of the Municipality of Anchorage.

Printed name of person signing form as Owner, Partner, Officer or Authorized Agent

Signature Title Telephone Date

Preparer Signature

If prepared by a person other than the taxpayer, the above affirmation shall be based upon all information of which the preparer has knowledge.

Printed name of preparer and company name

Signature of preparer other than taxpayer Telephone Date