

# Municipality of Anchorage

Finance Department  
Personal Property Section  
632 West 6th Avenue, Suite 330  
P.O. Box 196650  
Anchorage, AK 99519-6650



## Discovery Questionnaire

Complete, sign and date this questionnaire if you obtained your business license but may not need to file a Business Property Assessment Return.

TAX YEAR  
**2019**

**Please provide:**

Business Name:	Contact Person:
Mailing Address:	Telephone (with area code): (       )
Business License #:	Business Location (indicate street address):

1.  **The business property is filed under another business name.** Indicate below the business name and account number under which your business assets are filed.

Business Name: \_\_\_\_\_

Municipality of Anchorage Business Property Account Number: \_\_\_\_\_

2. **The business has been closed, sold or liquidated.** Please complete the appropriate section below. **Note:** If the business was sold or liquidated after January 1<sup>st</sup>, you will need to file the Business Property Assessment Return for this year.

**Business Sold**

Date of Sale: \_\_\_\_\_

Buyer's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Is the new owner operating under the same business name?  Yes  No

New Business Name, if known: \_\_\_\_\_

**Business Liquidated** (business ceased to exist and assets were liquidated)

Date of Liquidation: \_\_\_\_\_

Disposition of Assets: \_\_\_\_\_

3.  There are no assets used in this business. Please give a detailed explanation below or attach additional pages.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4.  **Comments.** You may also use the space in "3." above to provide additional comments and information.

I certify under penalty of perjury under the laws of the Municipality of Anchorage and to the best of my knowledge that the above statements are true and correct.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Revised 10/2017)