



# Municipality of Anchorage

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

TAX YEAR

**2026**

## Discovery Questionnaire

**Please complete, sign and date this questionnaire if you obtained your business license but do not believe you need to file a Business Property Assessment Return.**

|                     |  |
|---------------------|--|
| Business Name:      | Contact Person:                              |
| Mailing Address:    | Telephone (with area code):<br>(       )     |
| Business License #: | Business Location (indicate street address): |

1. ☐ **The business property is filed under another active business account.** 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 sold, closed, or liquidated.** Please complete the appropriate section below. **Note:** If the business was sold, closed, 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 Closed:**

Date of Closure: \_\_\_\_\_

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

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

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

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

3. ☐ **This business owns less than \$100,000 in assets.** Please give a detailed explanation below or attach additional pages.

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:** \_\_\_\_\_