



Municipality of Anchorage

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

TAX YEAR
2024

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): ()
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 1st, 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 \$20,000 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:** _____