OTC 904 Schedule 3 Revised 6-2017	State of Oklahoma ASSET LISTING (GENERAL)	Tax Year 2018
	Taxpayers filing in ______________________________ **County:** Must complete this schedule listing like or similar items grouped by description, year of acquisition, original cost and class. This schedule to be filed with completed rendition.	

Name of Business: ____

Address: ____

Phone Number: ______________________ Email Address: ______________________

Personal Property Account Number: ____

REPORT ONLY TANGIBLE ASSETS					*Assessors Use Only*			
Item Number	**Description** (Furniture, Fixtures, Signs, Machinery, etc.)	**Year Acquired**		**Original Cost**	**Life Years**	**% Good**	**Factor**	**RCNLD**
		New	Used					
			Total				**Total**	

Report Only Tangible Assets					Assessors Use Only			
Item Number	Description (Furniture, Fixtures, Signs, Machinery, etc.)	Year Acquired		Original Cost	Life Years	% Good	Factor	RecInd
		New	Used					
			Total				Total	