OTC 904
Schedule 3
Revised 7-2016

State of Oklahoma
Asset Listing (General)

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.

Tax Year 2017

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	