SMALL BUSINESS ITEM LISTING

BUSINESS NAME: _____

PHONE: _____ FAX NO _____

ADDRESS: _____

_____

ITEM TYPE AND DESCRIPTION	DATE ITEM DATE ITEM ACQ	INSTALLED COST

If the year acquired and exact cost is not known, please estimate as closely as possible and indicate in notes below.

Notes: _____

_____

_____

_____

_____

_____

SIGNED BUSINESS OWNER:

_____ DATE: _____