Tax Year 2016
OTC
904-A
Schedule 3-A
Revised 9-2015

State of Oklahoma
ASSET LISTING (GROUPED)

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 OTC Form 901 rendition.

Name of Business: _____ Email Address: _____

Address: _____

Personal Property Account Number: _____ Phone Number: _____

REPORT ONLY TANGIBLE ASSETS

Item Number	Description	Year Acquired		Original Cost	*Assessors Use Only* Life Years	% Good	Factor	RCNLD
	Leasehold Improvements	New	Used					
				TOTAL			**TOTAL**	
Item Number	**Furniture and Fixtures**	**Year Acquired**		**Original Cost**	**Life Years**	**% Good**	**Factor**	**RCNLD**
		New	Used					
				TOTAL			**TOTAL**	
Item Number	**Electronic Equipment**	**Year Acquired**		**Original Cost**	**Life Years**	**% Good**	**Factor**	**RCNLD**
		New	Used					
				TOTAL			**TOTAL**	
Item Number	**Computer Equipment**	**Year Acquired**		**Original Cost**	**Life Years**	**% Good**	**Factor**	**RCNLD**
		New	Used					
				TOTAL			**TOTAL**	
Item Number	**Machinery and Equipment**	**Year Acquired**		**Original Cost**	**Life Years**	**% Good**	**Factor**	**RCNLD**
		New	Used					
				TOTAL			**TOTAL**	

REPORT ONLY TANGIBLE ASSETS					*Assessors Use Only*			
Item Number	Description	Year Acquired		Original Cost	Life Years	% Good	Factor	RCNLD
	Fork LIfts and Construction Equipment	New	Used					
			TOTAL				**TOTAL**	
Item Number	**Tools, Dies, Molds**	Year Acquired		Original Cost	Life Years	% Good	Factor	RCNLD
		New	Used					
			TOTAL				**TOTAL**	
Item Number	**Trade Tools and Equipment**	Year Acquired		Original Cost	Life Years	% Good	Factor	RCNLD
		New	Used					
			TOTAL				**TOTAL**	
Item Number	**Leased From Others**	Year Acquired		Original Cost	Life Years	% Good	Factor	RCNLD
		New	Used					
			TOTAL				**TOTAL**	
Item Number	**Leased To Others**	Year Acquired		Original Cost	Life Years	% Good	Factor	RCNLD
		New	Used					
			TOTAL				**TOTAL**	