# GENERAL INSTRUCTION SHEET

1. This report must be completed in proper form (typed or legibly printed), and must be **filed with the Comptroller of the Treasury on or before April 1, 2018**. **A copy should be retained in your files for future reference**.

2. **ROUND ALL DOLLAR FIGURES TO WHOLE DOLLARS**!

3. **NO SHEET OR SECTION SHOULD BE LEFT BLANK**. If a sheet or section does not apply to your company, indicate by placing the words "**inapplicable**" or "**none**."

***INCOMPLETE REPORTS WILL BE RETURNED!***

4. **FAILURE** to file a complete report will result in a **FORCED ASSESSMENT**. Tennessee Code Annotated, Section 67-5-1317 states:

   "The Owner of any such property refusing or failing to file such schedules and statements shall be deemed to have waived the mode and manner of ascertaining the value of such property, and of the distribution or allocation by the Comptroller of the Treasury of such valuation or assessment to the various counties and municipalities of the State of Tennessee for the purposes of county and municipal taxation, and shall not be permitted to be heard in opposition to the valuation fixed upon said property by the Comptroller of the Treasury, nor in opposition to the distribution or allocation of same by the Comptroller of the Treasury to the various counties and municipalities for the purposes aforesaid; and may, at the discretion of the Comptroller of the Treasury, in addition, be liable to a penalty of one hundred dollars ($100) for each and every day which such owner is delinquent in filing said statement or schedule." Failure to file a tax report could result in an audit under T.C.A. 67-5-1320.

5 It is necessary for you to furnish the Comptroller of the Treasury certain information pertaining to the company's organization, legal status, and operation. **Pages 1 & 1A** should be completed very carefully. If a particular statement or question does not apply to your company, place the words "**inapplicable**" or "**none**" in the appropriate blank(s). **Do not leave any of the statements or questions on Pages 1 & 1A blank unless instructed to do so.**

6. The **Balance Sheet** on **Pages 2 & 3**, and the **Income Statement** on **Page 5** should be completed in a manner that fairly reflects the financial position of your company. All financial statements should be in conformity with generally accepted accounting principles. All companies are to complete the financial statements included in this report. **NO SUBSTITUTIONS ACCEPTED**! **Any entry on lines 8, 11, or 12 of the asset side of the Balance Sheet requires a detailed breakdown. Any entry on lines 4 and 26 on the Income Statement requires a detailed breakdown**. Also, please, include all capital leases and all balance sheet equipment owned, leased or used by the company. (Pages 2 & 3)

7. **Page 6** requires a listing of equipment leased and/or used by your company in **Tennessee**. Leased equipment refers to personal property obtained through an operating lease. Used property refers to personal property not under a lease agreement and not owned by you but in your possession.

8. On **Page 7** give the county, city & special school district where property is located; also give the undepreciated cost and cash value of property. **FOLLOW THE EXAMPLE PROVIDED ON PAGE 7! SEGREGATE THE PROPERTY INVESTMENTS AS SHOWN. IF YOU ARE NOT SURE HOW TO PREPARE THIS PAGE, PLEASE CALL**!

**GENERAL INSTRUCTION SHEET**
**(continued)**

9. On **Page 7A** provide a detailed listing of tower and antenna locations in Tennessee. **THIS FORM MUST BE COMPLETED IN ITS ENTIRETY**.

10. On **Page 8** give detailed information on new sites. **THIS PAGE IS EXTREMELY IMPORTANT! PAGE 8 MUST BE COMPLETED IN ITS ENTIRETY. INCOMPLETE REPORTS WILL BE RETURNED**.

11. **9** requires a listing of all purchases and sales of Tennessee **real property (including telecommunications towers)** occurring during the year 2017.

12. **Page 10** requires a listing of all properties receiving tax incentives such as Pilot Agreements (PILOT) or property leased from an Industrial Development Board (IDB). Report each separate agreement subject to these incentives by populating each column with the pertinent data.

13. **Page 11** requires a listing of all real property under construction. This listing will include all real property currently under construction or construction expected to be completed by September 1 of this year. Be sure to include the county and city where located, map reference and property owner, description of improvement, and the construction cost. Also, please indicate if the company intends to initiate any construction or expansion in the future.

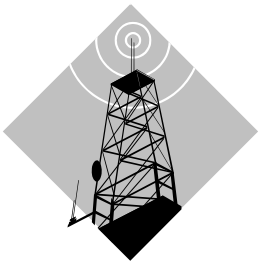
14. **IT IS IMPERATIVE THAT THE REPORT BE SIGNED. IF NOT, THE REPORT WILL BE RETURNED**.

15. **Any additional information, schedules, etc., provided by your company must be submitted on LETTER SIZE PAPER (8.5" x 11")**.

16. Please provide the Office of State Assessed Properties with all documents in which an opinion of value has been determined by an appraiser hired by your company, any employee of your company, a public utilities commission or its equivalent, or any other party whose service was contracted by your company for the **past three years**. The documents should be summary in nature and **do not include** state or local appraisals.

17. In an effort to assure property accountability compliance, please provide the Office of State Assessed Properties with documentation supporting entries on the Ad Valorem Tax Report for the following: **gross investment in Tennessee, and net investment in Tennessee**. In other words, show how the numbers are derived. For companies located one hundred percent (100%) in Tennessee, a reference to the Balance Sheet is sufficient.

# STATE OF TENNESSEE
# 2018
## AD VALOREM TAX REPORT



COMPANY NAME _____

STREET _____ CITY _____ STATE _____ ZIP CODE _____
**(PRINCIPLE OFFICE INFORMATION)**

STREET _____ CITY _____ STATE _____ ZIP CODE _____
**(PRINCIPLE OFFICE INFORMATION IN TENNESSEE)**

PHONE NUMBER ( ) _____ FAX NUMBER ( ) _____

COMPANY WEB SITE _____

Visit our website at:
**www.comptroller.tn.gov/sap**

MAIL REPORT TO:

**COMPTROLLER OF THE TREASURY**
**OFFICE OF STATE ASSESSED PROPERTIES**
**Cordell Hull Building**
**425 Fifth Avenue North**
**Nashville, TN 37243-3400**
**(615) 741-0140 FAX (615) 741-0142**

****This report must be filed with this office by April 1, 2018****

1. Company Name _____

2. Principal Office Location _____
Number & Street

_____ City _____ State _____ Zip

3. Is Company _____ **INDIVIDUAL?** _____ **PARTNERSHIP?** _____ **CORPORATION?**
_____ **COOPERATIVE?** _____ **OTHER?**

4. If a **CORPORATION** or **OTHER** similar enterprise, supply the following information:

Under laws of what state organized _____ Date organized _____
Add charter of incorporation or similar enterprise. _____ Date dissolved _____

5. Name & address of **PRESIDENT, OWNER, OR PARTNER** _____
Name

_____ Position/Title _____ Number & Street _____ City _____ State _____ Zip

6. Name & address of **GENERAL MANAGER** _____
Name

_____ Number & Street _____ City _____ State _____ Zip

7. **GROSS** Investment in SYSTEM plant and property December 31, 2017 $ _____

8. **NET** Investment in SYSTEM plant and property December 31, 2017 $ _____

9. SYSTEM GROSS Revenue (Income) for year ended December 31, 2017 $ _____

10. SYSTEM NET OPERATING Revenue (Income) for year ended December 31, 2017 $ _____

11. Amount of LOANS FROM FEDERAL AGENCIES, if any $ _____

12. Indicate stock & debt of company:

| | Amount Authorized | No. of Shares or Amount Issued | Book or Par Value | Market or Cash Value |
|---|---|---|---|---|
| Preferred Stock | | | | |
| Common Stock | | | | |
| Bonds | | | | |
| Other Long-Term Debts | | | | |

13. State surplus at beginning of 2017 $ _____ End of 2017 $ _____

14. State amount of dividends paid for the year 2017: Preferred $ _____ Common $ _____

15. State exact dollar amount of FEDERAL INCOME TAX ACTUALLY PAID OR OWED FOR 2017 as reported on your Federal Income Tax Return $ _____

16. State ACTUAL CASH or MARKET VALUE of all Tennessee plant and property as of January 1, 2018 $ _____

17. State NET additions (additions less retirements) to Tennessee plant and property for:
2016 $ _____ 2017 $ _____

18. Total number of subscribers in Tennessee _____

19. Total number of Towers you own in Tennessee _____

a. GROSS Investment in Towers only _____

b. NET investment in Towers only _____

20. Does your company operate solely (100%) in Tennessee? _____ YES _____ NO

If you checked "YES" it will not be necessary to complete questions 20-27.
If you checked "NO" **you must** complete questions 20-27.

21. GROSS Investment in Tennessee plant and property December 31, 2017 $ _____

22. NET Investment in Tennessee plant and property December 31, 2017 $ _____

23. TENNESSEE GROSS Revenue (Income) for year ended December 31, 2017 $ _____

24. TENNESSEE NET OPERATING Revenue (Income) for year ended December 31, 2017 $ _____

25. Percent of TENNESSEE GROSS Investment as compared to SYSTEM GROSS Investment in plant and property December 31, 2017 _____ %

26. Percent of TENNESSEE NET Investment as compared to SYSTEM NET Investment in plant and property December 31, 2017 _____ %

27. Percent of TENNESSEE GROSS Revenue (Income) as compared to SYSTEM GROSS Revenue (Income) for year ended December 31, 2017 _____ %

28. Percent of TENNESSEE NET OPERATING Revenue (Income) as compared to SYSTEM NET OPERATING Revenue (Income) for year ended December 31, 2017 _____ %

29. Does your company or its parent holding company file the following? **Check all that apply:**

_____ a. SEC Form 10-K

_____ b. Annual report to stockholders

**File one copy of each of the items checked in item 29 with the Comptroller of the Treasury, Office of State Assessed Properties.**

30. Special questions regarding this report should be directed to:

NAME: _____

TITLE: _____

ADDRESS: _____
Number & Street

_____ City _____ State _____ Zip

PHONE NUMBER: ( ) _____

FAX NUMBER: ( ) _____

E-MAIL ADDRESS _____

# BALANCE SHEET
## ASSETS

| Item | | AS OF DECEMBER 31 2017 | 2016 |
|---|---|---|---|
| | **Fixed Assets** | | |
| 1. | System Plant in Service | $ | $ |
| 2. | Plant Under Construction (Include Real & Personal @ 100%) | | |
| 3. | Property Held for Future Use | | |
| 4. | Plant Acquisition Adjustment | | |
| 5. | Total Fixed Assets | | |
| 6. | **LESS** Depreciation & Amortization Reserve | | |
| 7. | **Net Fixed Assets** | $ | $ |
| | **Other Property & Investments** | | |
| 8. | *Non-Wireless Property (See note) | $ | $ |
| 9. | **LESS** Accumulated Depreciation | | |
| 10. | Net Non-Wireless Property | | |
| 11. | ***INVESTMENT IN AFFILIATED COMPANIES (See note)** | | |
| 12. | ***OTHER INVESTMENTS (See note)** | | |
| 13. | Sinking Funds | | |
| 14. | Other Fund Accounts | | |
| 15. | **Total Other Property & Investments** | $ | $ |
| | **Current Assets** | | |
| 16. | Cash | $ | $ |
| 17. | Special Cash Deposits | | |
| 18. | Working Funds | | |
| 19. | Temporary Cash Investments | | |
| 20. | Notes Receivable due from related parties | | |
| 21. | Other Notes Receivable | | |
| 22. | Due from Customers & Agent – Net | | |
| 23. | Accounts Receivable from Affiliated Companies Net | | |
| 24. | Other Accounts Receivable – Net | | |
| 25. | Interest & Dividends Receivable | | |
| 26. | Pre-Payments | | |
| 27. | **MATERIALS & SUPPLIES** | | |
| 28. | Inventory for Resale | | |
| 29. | Other Current Assets | | |
| 30. | **Total Current Assets** | $ | $ |
| | **Deferred Charges** | | |
| 31. | Discount on Long-Term Debt | $ | $ |
| 32. | Extraordinary Maintenance & Retirements | | |
| 33. | Clearing Accounts | | |
| 34. | Other Deferred Charges | | |
| 35. | **Total Deferred Charges** | $ | $ |
| 36. | **TOTAL ASSETS** | $ | $ |

***GIVE A DETAILED BREAKDOWN AND DESCRIPTION OF THIS TYPE OF PROPERTY INVESTMENT.**

# BALANCE SHEET
## LIABILITIES & OTHER CREDITS

| Item | | AS OF DECEMBER 31 2017 | 2016 |
|---|---|---|---|
| | **Capital Stock & Retained Earnings** | | |
| 1. | Common Capital Stock Outstanding | $ | $ |
| 2. | Preferred Capital Stock Outstanding | | |
| 3. | Premiums on Capital Stock | | |
| 4. | Other Capital Liability Accounts | | |
| 5. | Proprietor's Capital | | |
| 6. | Other Capital | | |
| 7. | Retained Earnings Reserved | | |
| 8. | Unappropriated Retained Earnings | | |
| 9. | **LESS** Discount on Capital Stock | | |
| 10. | **LESS** Capital Stock Expense | | |
| 11. | **Total Capital Stock & Retained Earnings** | $ | $ |
| | **Long-Term Debt** | | |
| 12. | Funded Debt Outstanding | $ | $ |
| 13. | Advances from Affiliated Companies | | |
| 14. | Other Long-Term Debt(s) | | |
| 15. | **Total Long-Term Debt(s)** | $ | $ |
| | **Current & Accrued Liabilities** | | |
| 16. | Notes Payable to Affiliated Companies | $ | $ |
| 17. | Other Notes Payable | | |
| 18. | Accounts Payable to Affiliated Companies | | |
| 19. | Other Accounts Payable | | |
| 20. | Customers Deposits | | |
| 21. | Matured Interest & Dividends | | |
| 22. | Matured Long-Term Debt(s) | | |
| 23. | Advance Billing & Payments | | |
| 24. | Taxes Accrued | | |
| 25. | Unmatured Interest, Dividends, & Rents Accrued | | |
| 26. | Refunds Due Customers | | |
| 27. | Other Current Liabilities | | |
| 28. | **Total Current & Accrued Liabilities** | $ | $ |
| | **Deferred Credits & Reserves** | | |
| 29. | Premium on Long-Term Debt | $ | $ |
| 30. | Insurance Reserve | | |
| 31. | Amortization Reserve | | |
| 32. | Other Deferred Credits & Reserves | | |
| 33. | Accumulated Deferred Income Taxes | | |
| 34. | **Total Deferred Credits & Reserves** | $ | $ |
| | **Contributions in Aid of Construction** | | |
| 35. | Contributions in Aid of Construction | $ | $ |
| 36. | **TOTAL LIABILITIES & OTHER CREDITS** | $ | $ |

# LONG-TERM DEBT

## Mortgages, Bonds, Promissory Notes, & Miscellaneous Long-Term Debt

| Date of Issue | Date of Maturity | Description: (Bonds, Notes, or Other Instrument) | Beginning of Year Balance | Principal Paid During Year | *End of Year Balance | Interest for Year | | Leave This Column Blank |
|---|---|---|---|---|---|---|---|---|
| | | | | | | Rate (%) | Amount | |
| | | | $ | $ | $ | | $ | |
| | | **TOTALS** | $ | $ | $ * | ---------- | $ | |

# INCOME STATEMENT

| Item | | AS OF DECEMBER 31 2017 | 2016 |
|---|---|---|---|
| | **Operating Revenues** | | |
| 1. | Local Service | $ | $ |
| 2. | Toll Service Revenue | | |
| 3. | Rental Revenue | | |
| 4. | *Miscellaneous Operating Revenue | | |
| 5. | **LESS:** Uncollectible Operating Revenue | | |
| 6. | **Total Operating Revenues** | $ | $ |
| | **Operating Expenses** | | |
| 7. | Maintenance & Repair Expense | $ | $ |
| 8. | Depreciation & Amortization Expense | | |
| 9. | Land Lease Expense | | |
| 10. | Salaries & Wages | | |
| 11. | Connecting Telephone Company Charges | | |
| 12. | Sales & Advertising Expense | | |
| 13. | Office Supplies & Expense | | |
| 14. | Insurance Expense | | |
| 15. | Accounting, Legal, & Other Services | | |
| 16. | Vehicle Expense | | |
| 17. | Administration & General Expenses | | |
| 18. | Other Expenses | $ | $ |
| | **Operating Taxes** | | |
| 19. | Federal Income Taxes | $ | $ |
| 20. | State, County, & Municipal Taxes | | |
| 21. | Other Miscellaneous Operating Taxes | | |
| 22. | **Total Operating Expenses** | | |
| 23. | **Net Operating Income** | $ | $ |
| | **Other Income** | | |
| 24. | Dividend Income | $ | $ |
| 25. | Interest Income | | |
| 26. | *Income from Non-Utility Property | | |
| 27. | Miscellaneous Income* | | |
| 28 | **Total Other Income** | $ | $ |
| | **Other Income Deductions** | | |
| 29. | Interest Expense | $ | $ |
| 30. | Miscellaneous Income Charges | | |
| 31 | **Total Other Income** | $ | $ |
| | **NET INCOME (LOSS)** | $ | $ |

***Provide a detailed breakdown and source of this income.**

## Operating Free Cash Flow

| Item | | AS OF DECEMBER 31 2017 | 2016 |
|---|---|---|---|
| | **Operating Income** | | |
| 1. | Cash Operating Revenue (Excluding One Time Income | $ | $ |
| 2. | **Less**: Cash Operating Expenses Incl Depr & Amortization and Taxes | | |
| 3. | **EBITDA** | | |
| 4. | Plus or Minus Adjustments to Income | | |
| 5. | **Adjusted EBITDA** | | |
| 6. | **Less:** Book Depreciation | | |
| 7. | **EBIT** | | |
| 8. | **Less:** Taxes at Corporate Tax Rate | | |
| 9. | **Total Net Operating Income** | $ | $ |
| | **Operating Free Cash Flow** | | |
| 10. | Adjusted EBITDA | $ | $ |
| 11. | Less Taxes | | |
| 12. | Less CAPEX for Replacements | | |
| 13. | Plus or Minus Change in Working Capital | | |
| 14. | Add Debt Shield If Applicable | | |
| 15. | Total Net Operating Free Cash Flow | | |
| | **Operating Taxes** | | |
| | **NET INCOME (LOSS)** | $ | $ |

## LEASED EQUIPMENT

**This schedule should include all operating equipment located in Tennessee that is leased or used by your company.**

| Type of Equipment | No. Of Units | Total Annual Amount of Rent | Age Of Units | Annual Depreciation Rate | Lease Expiration Date | Owner | Tax Liability Lessor or Lessee | Original Cost | Accumulated Depreciation | Depreciated Cost | Location (County & City) |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | $ | | | | | | $ | $ | $ | |

**Summary of Tennessee Property**
**BY COUNTIES, CITIES, AND SPECIAL SCHOOL DISTRICTS**

| Name of County, City & Special School District | | Gross Investment Buildings & Land (Inc. CWIP @ 100% for real property | | Gross Investment in Towers | | Gross Investment in Furniture & Fixtures, Mat. & Supp., Autos, Electronic Equip. | | Personal Property CWIP @ 15% of Cost | | Gross Investment |
|---|---|---|---|---|---|---|---|---|---|---|
| County | Cities/SSD | Outside Cities | Inside Cities | Outside Cities | Inside Cities | Outside Cities | Inside Cities | Outside Cities | Inside Cities | Total |
| | | | | | **EXAMPLE** | | | | | |
| Williamson | | $1,000,000 | | $500,000 | | $100,000 | | $2,000 | | $1,602,000 |
| | Franklin | | $2,000,000 | | $1,000,000 | | $200,000 | | $2,500 | $3,202,500 |
| | 9th SSD | | $2,000,000 | | $1,000,000 | | $200,000 | | $2,500 | $3202,500 |
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| **GRAND** | **TOTAL** | $ | $ | $ | $ | $ | $ | $ | $ | $ |

***DO NOT INCLUDE IN SPECIAL SCHOOL DISTRICTS IN THE GRAND TOTAL OR GROSS INVESTMENT TOTAL SINCE THESE INVESTEMENTS WILL BE REFLECTED IN THE COUNTY TOTAL.**

**"TENNESSEE ONLY"**
**WIRELESS TOWER INFORMATION**

| County | City In/Out | Tower Physical Address | Tower ID Number | Tower Owner | Land Owner | Site Size | Tower Height | Type Of Tower | Is Tower Owned Or Leased | Is Land Owned Or Leased |
|---|---|---|---|---|---|---|---|---|---|---|
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ADDITIONAL NOTES:

***DO NOT INCLUDE UNDER CONSTRUCTED OR DISMANTLED TOWER SITES.**

# NEW WIRELESS INFORMATION FORM
**(PREPARE A SEPARATE PAGE FOR EACH NEW SITE)**

WC – 8

**SITE INFORMATION***

County: _____ City: _____ Inside City Limits? Yes _____ No _____

Site Location: _____
Street Address, Road Name, or Other Identifying Landmark

Is Site Owned by Your Company? Yes _____ No _____ Date Purchased: _____

Grantor: _____ Tax Map & Parcel: _____ Deed Book & Page: _____

Is Site Leased by Your Company? Yes _____ No _____ Lessor: _____

Lessor's Address _____
Number & Street

_____
city State zip

Annual Site Rental Charges _____

**TOWER INFORMATION***

Is Tower Owned by Your Company? Yes _____ No _____ FCC Registration # _____

Is Tower Leased by Your Company? Yes _____ No _____ Tower Owner: _____

What Type of Tower? Guyed _____ Lattice _____ Monopole _____ Other _____

Height: _____ V/F Base Width _____

Is There a Prefab Building? Yes _____ No _____ Size _____

Are There Other Site Improvements? Yes _____ No _____

Describe Other Site Improvements: _____

**COST INFORMATION**

Land Cost $ _____

"Tower Only" Cost: _____

Electronics Cost: _____

Prefab Building Cost: _____

Other Improvements Cost: _____

Total Cost: $ _____

***Enclose a copy of each site lease and tower lease.**

Was a building permit filed?
Yes _____ No _____ Permit # _____

Was an electrical inspection performed?
Yes _____ No _____ Permit # _____

Is this an "antenna only" facility?
Yes _____ No _____ If yes, specific location
(i.e. building name, public utility name, etc.)

_____

Local individual to contact regarding your properties in Tennessee: _____
Name

Phone # ( ) _____

## PURCHASES AND SALES OF TENNESSEE PROPERTY

List all purchases and sales of Tennessee **real property** (including Telecommunications Towers) that occurred during the year 2017. Give all applicable information for each transaction separately. (You may copy pages as needed) Please **attach a copy of the warranty deed or sales contract.**

### PURCHASES

**Date of Purchase:** _____

**County/City:** _____

**Assessor's Tax Map & Parcel Number:** _____

**Purchase Price:** _____

**Physical Address:** _____
Number & Street

_____ _____ _____
City State Zip

**Description of Property:** _____

**Grantor (seller):** _____

**Type of Improvement:** _____

### SALES

**Date of Sale:** _____

**County/City:** _____

**Assessor's Tax Map & Parcel Number:** _____

**Sale Price:** _____

**Physical Address:** _____
Number & Street

_____ _____ _____
City State Zip

**Description of Property:** _____

**Grantee (buyer):** _____

**Type of Improvement:** _____

# *INDUSTRIAL DEVELOPMEMT BOARD*

**Please report on this form any Industrial Development Board (IDB) or similar tax abatements information for personal and real property leased by your company. Please include scanned or paper copies of any similar agreements with city or counties for the referenced properties.**

| Owner Name | Lessee Name | Property Address | County Name | City Name | Estimated Value | Lease Date | Lease Terms |
|---|---|---|---|---|---|---|---|
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## REAL PROPERTY UNDER CONSTRUCTION

Tennessee Code Annotated 67-5-503 provides that, "If after January 1 and before September 1 of any year, an improvement or new building is completed and ready for use or occupancy…the assessor of property shall make or correct the assessment of such property, on the basis of the value of the improvement at the time of its completion…"

List all real properties under construction or properties that **will be** completed by September 1, 2018.

| County and City | Property Owner and Map Reference | Description of Improvement | Construction Cost |
|---|---|---|---|
| | | | $ |
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Does the company intend to expand or initiate improvements or new building in the near future? YES _____ NO _____

| County and City | Property Owner and Map Reference | Description of Improvement | Construction Cost |
|---|---|---|---|
| | | | $ |
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# OUT OF BUSINESS

IF COMPANY HAS GONE OUT OF BUSINESS
THIS FORM MUST BE PROPERLY FILLED OUT, SIGNED, NOTARIZED AND RETURNED TO:
COMPTROLLER OF THE TREASURY
OFFICE OF STATE ASSESSED PROPERTIES
CORDELL HULL BUILDING
425 FIFTH AVENUE NORTH
NASHVILLE, TN 37243-3400

I, _____, on this _____ day of _____, 20___declare that, to the best of my knowledge and belief, the information herein is true, correct, and complete.

- **Company Name** _____
- **Date operation ceased business** _____
- **Date of insurance cancellation** _____
  **(Attach copy of insurance cancellation)**
- **Date of cancellation (US DOT Number)** _____
- **Date of cancellation (FMCSA)** _____
  **(You can log onto their website using their Pin# and cancel online or call (615)781-5781)**
- **Date of cancellation (MC Number)** _____
  (If FMSCA is not notified by the insurance company when the insurance is terminated, the company will still appear as active in SAFER. Please ensure Motor Carrier Authority cancellation, *or your company **will still** be assessed by the Office of State Assessed Properties)*
- **How and when were assets disposed** _____
  **(If sold, name and address of buyer)** _____
  _____
  _____

# NOTARY ACKNOWLEDGEMENT

**STATE OF** _____
**COUNTY OF** _____

_____
COMPANY OFFICIAL SIGNATURE

_____
DATE

Sworn to and subscribed before me on this _____day of _____, 20____

_____
**NOTARY**

NOTARY SEAL

_____
**COMMISSION EXPIRES**

**DATE: _____**

**I, _____, being the OWNER, PRESIDENT, SECRETARY, AND/OR PARTNER OF _____, do hereby swear and affirm that the foregoing Ad Valorem Tax Report for the year two thousand eighteen has been prepared from <u>only</u> the original books, papers, and records of said respondent under my direction in accordance with Tennessee Code Annotated, §67-5-1316, and is true and correct to the best of my knowledge and belief**.

_____
**NAME**

_____
**OFFICIAL CAPACITY**