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, 2019**. **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 **in Tennessee**. 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 8** give detailed information on new sites. If this is your company's first time to file with this office, submit a separate form for each site. **THIS PAGE IS EXTREMELY IMPORTANT! PAGE 8 MUST BE COMPLETED IN ITS ENTIRETY. INCOMPLETE REPORTS WILL BE RETURNED**.

10. **Page 9** requires a listing of all purchases and sales of Tennessee real property **(including telecommunications towers)** occurring during the year 2018.

11. **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.

12. **Page 11** requires a listing of all real property under construction **in Tennessee**. 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.

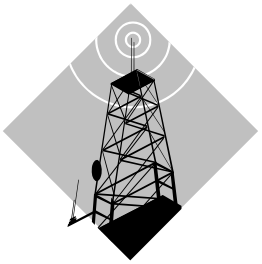
13. **IT IS IMPERATIVE THAT THE REPORT BE SIGNED. IF NOT, THE REPORT WILL BE RETURNED**.

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

15. 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.

***FAILURE TO FILE INFORMATION REQUIRED ON PAGE WM-8 WILL RESULT IN USING OTHER RESOURCES AVAILABLE TO OUR OFFICE.**

STATE OF TENNESSEE
2019
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, 2019****

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 TENNESSEE plant and property December 31, 2018 $ _____

8. **NET** Investment in TENNESSEE plant and property December 31, 2018 $ _____

9. TENNESSEE GROSS Revenue (Income) for year ended December 31, 2018 $ _____

10. TENNESSEE NET OPERATING Revenue (Income) for year ended December 31, 2018 $ _____

11. State ACTUAL CASH or MARKET VALUE of all Tennessee plant and property as of January 1, 2019 $ _____

12. State NET additions (additions less retirements) to Tennessee plant and property for:
2017 $ _____ 2018 $ _____

13. Total number of towers you own in Tennessee _____

a. GROSS investment in towers only _____

b. NET investment in towers only _____

14. Total number of tenants in Tennessee _____

15. Attach separate sheets identifying all tenants by tower site.

16. Total number of sites (land) owned in Tennessee _____

17. Total number of sites (land) leased in Tennessee _____

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

_____a. SEC Form 10-K
_____b. FCC registrations for Tennessee
_____c. Annual report to stockholders

File one copy of each of the items checked in item 18 with the Comptroller of the Treasury, Office of State Assessed Properties.

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

NAME: _____
TITLE: _____
ADDRESS: _____
CITY, STATE & ZIP: _____
PHONE NUMBER: _____
FAX NUMBER: _____
EMAIL ADDRESS: _____

BALANCE SHEET
ASSETS

Item		AS OF DECEMBER 31 2018	2017
	Fixed Assets		
1.	Telecommunications Plant in Service	$	$
2.	Plant Under Construction		
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-Telecommunications Property	$	$
9.	**LESS** Accumulated Depreciation		
10.	Net Non-Telecommunications Property		
11.	***INVESTMENT IN AFFILIATED COMPANIES**		
12.	***OTHER INVESTMENTS**		
13.	Miscellaneous Physical Property		
14.	Sinking Funds		
15.	Other Fund Accounts		
16.	**Total Other Property & Investments**	$	$
	Current Assets		
17.	Cash	$	$
18.	Special Cash Deposits		
19.	Working Funds		
20.	Temporary Cash Investments		
21.	Notes Receivable from Affiliated Companies		
22.	Other Notes Receivable		
23.	Due from Customers & Agent – Net		
24.	Accounts Receivable from Affiliated Companies Net		
25.	Other Accounts Receivable – Net		
26.	Interest & Dividends Receivable		
27.	Pre-Payments		
28.	**MATERIALS & SUPPLIES**		
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.**

"TENNESSEE ONLY" BALANCE SHEET
LIABILITIES & OTHER CREDITS

Item		AS OF DECEMBER 31 2018	2017
	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.	Receivers Certificates		
14.	Advances from Affiliated Companies		
15.	Other Long-Term Debt(s)		
16.	**Total Long-Term Debt(s)**	$	$
	Current & Accrued Liabilities		
17.	Notes Payable to Affiliated Companies	$	$
18.	Other Notes Payable		
19.	Accounts Payable to Affiliated Companies		
20.	Other Accounts Payable		
21.	Customers Deposits		
22.	Matured Interest & Dividends		
23.	Current Portion of Long-Term Debt(s)		
24.	Advance Billing & Payments		
25.	Taxes Accrued		
26.	Unmatured Interest, Dividends, & Rents Accrued		
27.	Refunds Due Customers		
28.	Other Current Liabilities		
29.	**Total Current & Accrued Liabilities**	$	$
	Deferred Credits & Reserves		
30.	Premium on Long-Term Debt	$	$
31.	Insurance Reserve		
32.	Provident Reserve		
33.	Amortization Reserve		
34.	Employment Stabilization Reserve		
35.	Other Deferred Credits & Reserves		
36.	Accumulated Deferred Income Taxes		
37.	**Total Deferred Credits & Reserves**	$	$
	Contributions in Aid of Construction		
38.	Contributions in Aid of Construction	$	$
39.	**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 2018	2017
	Operating Revenues		
1.	Tower Rental and Management	$	$
2.	Services		
3.	Video, Voice, Data, and Internet Transmission		
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.	Contracted Operator Service Expense		
12.	Connecting Telephone Company Charges		
13.	Sales & Advertising Expense		
14.	Office Supplies & Expense		
15.	Insurance Expense		
16.	Accounting, Legal, & Other Services		
17.	Vehicle Expense		
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-Telecommunications Property		
27.	Miscellaneous Income*		
28.	**Total Other Income**	$	$
	Other Income Deductions		
29.	Interest Expense	$	$
30.	Miscellaneous Income Charges		
31.	**Total Other Deductions**	$	$
	NET INCOME (LOSS)	$	$

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

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	Original Cost	Accumulated Depreciation	Depreciated Cost	Physical Location
		$					$	$	$	

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
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

ADDITIONAL NOTES:

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

INFORMATION FORM FOR WIRELESS (TOWER) MANAGEMENT COMPANIES

WM – 8

(PREPARE A SEPARATE PAGE FOR EACH NEW SITE)

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

FOR NEW 2018 TOWER SITES*

Annual Site Rental Charges _____ Lease Start Date _____ Total Lease Period _____

Renewal Period _____ Escalation Amount _____

See page WM-8A for a proposed spreadsheet layout.

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 _____

Tower ID Number: _____

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: $ _____

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: _____ Phone # ( ) _____
Name

WIRELESS CARRIER PROPOSED WORKSHEET

FCC Site ID	Property Address	County	City	Land Owned or Leased	Lessor/Site Owner	Map/Group /Parcel	Tower Height	Type of Tower	Tower Owned or Leased	Annual Rent Amt	Total Lease Period	Lease Start Date	Renewal Period	Escalation Amt or %	Notes
example															
7777777	123 Main St	Any County	Any City	Leased Owned	John Doe	011A-a-001.00	210	Monopole	Leased Owned	$ xxx,xxx	25 years	xx/xx/xxxx	4 x 5-yr periods	$/period or %/period	New in 2018

PURCHASES AND SALES OF TENNESSEE PROPERTY

List all purchases and sales of Tennessee **real property** (including Telecommunications Towers) that occurred during the year 2018. 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

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, 2019.

County and City	Property Owner and Map Reference	Description of Improvement	Construction Cost
			$

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
			$

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 nineteen 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