

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, 2020. 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.** Page 8A is only a suggested excel format using most of the information asked for on Page 8. Our Real Property staff can provide you this excel spreadsheet upon request.
11. **9** requires a listing of all purchases and sales of Tennessee **real property (including telecommunications towers)** occurring during the year 2019.
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.
18. ***NEW* - Please send an updated list of your retail stores located in the state of Tennessee. This will help us keep an updated list of these throughout the year.**



STATE OF TENNESSEE

2020

AD VALOREM TAX REPORT



COMPANY NAME _____

STREET _____ CITY _____ STATE _____ ZIP CODE _____
 (PRINCIPAL OFFICE INFORMATION)

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

PHONE NUMBER () _____ FAX NUMBER () _____

COMPANY WEB SITE _____

EMAIL ADDRESS _____

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, 2020****

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, 2019 \$ _____

8. **NET** Investment in SYSTEM plant and property December 31, 2019 \$ _____

9. SYSTEM GROSS Revenue (Income) for year ended December 31, 2019 \$ _____

10. SYSTEM NET OPERATING Revenue (Income) for year ended December 31, 2019 \$ _____

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 2019 \$ _____ End of 2019 \$ _____

14. State amount of dividends paid for the year 2019: Preferred \$ _____ Common \$ _____

15. State exact dollar amount of FEDERAL INCOME TAX ACTUALLY PAID OR OWED FOR 2019 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, 2020 \$ _____

17. State NET additions (additions less retirements) to Tennessee plant and property for:
 2018 \$ _____ 2019 \$ _____
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, 2019 \$ _____
22. NET Investment in Tennessee plant and property December 31, 2019 \$ _____
23. TENNESSEE GROSS Revenue (Income) for year ended December 31, 2019 \$ _____
24. TENNESSEE NET OPERATING Revenue (Income) for year ended December 31, 2019 \$ _____
25. Percent of TENNESSEE GROSS Investment as compared to SYSTEM GROSS Investment in plant and property
 December 31, 2019 _____ %
26. Percent of TENNESSEE NET Investment as compared to SYSTEM NET Investment in plant and property
 December 31, 2019 _____ %
27. Percent of TENNESSEE GROSS Revenue (Income) as compared to SYSTEM GROSS Revenue (Income) for
 year ended December 31, 2019 _____ %
28. Percent of TENNESSEE NET OPERATING Revenue (Income) as compared to SYSTEM NET OPERATING
 Revenue (Income) for year ended December 31, 2019 _____ %
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

		AS OF DECEMBER 31	
		<u>2019</u>	<u>2018</u>
<u>Item</u>	<u>Fixed Assets</u>		
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	\$	\$
	<u>Other Property & Investments</u>		
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	\$	\$
	<u>Current Assets</u>		
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	\$	\$
	<u>Deferred Charges</u>		
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

AS OF DECEMBER 31

<u>Item</u>	<u>2019</u>	<u>2018</u>
<u>Capital Stock & Retained Earnings</u>		
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	\$	\$
<u>Long-Term Debt</u>		
12. Funded Debt Outstanding	\$	\$
13. Advances from Affiliated Companies		
14. Other Long-Term Debt(s)		
15. Total Long-Term Debt(s)	\$	\$
<u>Current & Accrued Liabilities</u>		
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		
Unmatured Interest, Dividends, & Rents		
25. Accrued		
26. Refunds Due Customers		
27. Other Current Liabilities		
28. Total Current & Accrued Liabilities	\$	\$
<u>Deferred Credits & Reserves</u>		
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	\$	\$
<u>Contributions in Aid of Construction</u>		
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

		AS OF DECEMBER 31	
		<u>2019</u>	<u>2018</u>
<u>Item</u>	<u>Operating Revenues</u>		
1.	Local Service	\$	\$
2.	Toll Service Revenue		
3.	Rental Revenue		
4.	*Miscellaneous Operating Revenue		
5.	LESS: Uncollectible Operating Revenue		
6.	Total Operating Revenues	\$	\$
	<u>Operating Expenses</u>		
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	\$	\$
	<u>Operating Taxes</u>		
19.	Federal Income Taxes	\$	\$
20.	State, County, & Municipal Taxes		
21.	Other Miscellaneous Operating Taxes		
22.	Total Operating Expenses		
23.	Net Operating Income	\$	\$
	<u>Other Income</u>		
24.	Dividend Income	\$	\$
25.	Interest Income		
26.	*Income from Non-Utility Property		
27.	Miscellaneous Income*		
28.	Total Other Income	\$	\$
	<u>Other Income Deductions</u>		
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

		AS OF DECEMBER 31	
		<u>2019</u>	<u>2018</u>
<u>Item</u>	<u>Operating Income</u>		
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	\$	\$
	<u>Operating Free Cash Flow</u>		
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		
	<u>Operating Taxes</u>		
	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
	9 th 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.**

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 (latitude, longitude)

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 2019 TOWER SITES*

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

Renewal Period _____ Escalation Amount _____

**See page WC-8A for a suggested 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: _____
Name

Phone # () _____

WIRELESS CARRIER PROPOSED WORKSHEET

FCC Site ID	E911 Property Address	County	City	Land Owned or	Lessor/Site Owner	Map/Group/Parcel	Tower Height	Type of Tower	Tower Owned	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 2019

PURCHASES AND SALES OF TENNESSEE PROPERTY

List all purchases and sales of Tennessee **real property** (including Telecommunications Towers) that occurred during the year 2019. 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 DEVELOPMENT 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

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 twenty
has been prepared from only 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