

SCHEDULE D -LEASED OR RENTED EQUIPMENT (PRINTED)

Account #

Tax Year **2016**

Name and Address of Lessor	Description	QTY	Date and Term of Lease	Cost at Beginning of Lease / Annual Rent
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**EXAMPLE**

<b>Name of Lessor</b> <b>ABC LEASING</b>	<b>Description</b> <b>DENTAL LASER</b>	<b>QTY</b> <b>1</b>	<b>Date</b> <b>12-20-15</b>	<b>Cost at Beginning</b> <b>49179</b>
<b>Lessor Address</b> <b>123 North Pole Cr. Suite 222 Salt Lake City, UT 88888</b>			<b>Term</b> <b>60 MOS</b>	<b>Annual Rent</b>
<b>Lease Agreement #</b> <b>123456789</b>				

<b>Name of Lessor</b>	<b>Description</b>	<b>QTY</b>	<b>Date</b>	<b>Cost at Beginning</b>
<b>Lessor Address</b>			<b>Term</b>	<b>Annual Rent</b>
<b>Lease Agreement #</b>				

<b>Name of Lessor</b>	<b>Description</b>	<b>QTY</b>	<b>Date</b>	<b>Cost at Beginning</b>
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