

SCHEDULE D -LEASED OR RENTED EQUIPMENT (PRINTED)

Account #

Tax Year

2020

Name and Address of Lessor	Description	QTY	Date and Term of Lease	Cost at Beginning of Lease / Annual Rent
<u>EXAMPLE</u>				
Name of Lessor ABC LEASING	Description DENTAL LASER	QTY 1	Date 12-20-19	Cost at Beginning 49179
Lessor Address 123 North Pole Cr. Suite 222 Salt Lake City, UT 88888			Term 60 MOS	Annual Rent
Lease Agreement # 123456789				

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

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