

# SCHEDULE D -LEASED OR RENTED EQUIPMENT (PRINTED)

Account #

Tax Year

**2023**

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 <b>ABC LEASING</b>	Description <b>DENTAL LASER</b>	QTY <b>1</b>	Date <b>12-20-22</b>	Cost at Beginning <b>49179</b>
Lessor Address <b>123 North Pole Cr. Suite 222 Salt Lake City, UT 88888</b>			Term <b>60 MOS</b>	Annual Rent
Lease Agreement # <b>123456789</b>				

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

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

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