



BOARD OF TAX ASSESSORS HALL COUNTY, GEORGIA

MEMBER
Georgia Association
Assessing Officials

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PERSONAL PROPERTY DEPARTMENT

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POST OFFICE BOX 1780
GAINESVILLE, GEORGIA 30503
Phone - 770/531-6749

We have received your request for Form MS1 regarding the personal property ad valorem tax report that will be filed on your facility located in Gainesville, Georgia.

Please be advised detail information will be necessary regarding each actual operating shift in order to qualify for an additional depreciation allowance. This information should include but not be limited to (1) detail description of each shift in operation during the previous calendar year (2) number of hours said shift normally operated each week (3) number of employees daily working on said shift (4) job titles of employees working on said shift along with number of employees for each working job title (example: Electricians (2), Machine Operators (4), Maintenance (2), etc.).

Documentation showing how the operating hours listed on Form MS1 were developed must be submitted with Form MS1 to properly qualify for additional depreciation for multi shift equipment. This information should be submitted in a format to provide detail and specific documentation of the actual rather than scheduled operating time for production machinery and equipment. The information should be more detail than the summary schedule.

The format for substantiating operating time may take whatever form you desire as long as verification information is submitted. If an actual physical review of maintenance records on file at the facility location will be necessary to obtain this data, please advise and we will schedule an auditor to conduct this review.

MULTI SHIFT VERIFICATION FORM

Name of Applicant:

The below schedule notes the available monthly hours if the production equipment was operating 24 hours a day seven days a week. The column for running/operating time is the actual hours in each month the equipment was operating.

(A) Month	(B) Available Time (Hrs)	(C) Running/Operating Time (Hrs)
January-----	744-----	_____
February-----	672-----	_____
March-----	744-----	_____
April-----	720-----	_____
May-----	744-----	_____
June-----	720-----	_____
July-----	744-----	_____
August-----	744-----	_____
September-----	720-----	_____
October-----	744-----	_____
November-----	720-----	_____
December-----	744-----	_____

Check appropriate column pertaining to the amount of production machinery and equipment used in the above described multi shift operation during the above referenced year. All () Part ()

If all production machinery and equipment was not used in multi shift operations during the above referenced year, a specific listing of production machinery and equipment utilized in multi shift operations must be supplied. Said listing should include a description of each item, date purchased, and acquisition cost.

Documentation must be submitted with this form in order to properly qualify for the multi shift depreciation allowance. This information should be in a format to provide detail and specific documentation of the actual rather than scheduled operating or running time listed in Column C of this form.

I certify the operating time listed above and the information supplied is correct to the best of my knowledge and is subject to review from our maintenance and/or accounting records by the Hall County Tax Assessors if they so desire.

Signature of Person Authorized to Sign

Title of Person Authorized to Sign

Date