SCHEDULE RC—PART I CONTINUATION

For equipment purchased (installed) during tax year beginning _____ , _____ , and ending _____ , _____.

Name of ☐ Individual; ☐ Corporation; ☐ Partnership; ☐ Sole Proprietorship; ☐ Fiduciary; ☐ S Corporation

Social Security or Federal ID Number

A	B	C	D	E	F
Type of Equipment	Equipment Location (City in Kentucky)	Date of Purchase (Installation) (Mo., Day, Yr.) *(see instructions)*	Purchase Price	Installation Cost	**For Revenue Cabinet Use Only** Approved Amounts from Col. D and E
			$	$	$
Describe how used:					
			$	$	$
Describe how used:					
			$	$	$
Describe how used:					
			$	$	$
Describe how used:					
			$	$	$
Describe how used:					
			$	$	$
Describe how used:					
			$	$	$
Describe how used:					
			$	$	$
Describe how used:					
				Page Total	$

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