

SCHEDULE D - LEASED OR RENTED EQUIPMENT

Account #

Tax Year **2025**

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

EXAMPLE

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

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

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

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