

SCHEDULE D - LEASED OR RENTED EQUIPMENT

Account #

Tax Year

2026

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

EXAMPLE

Name of Lessor

ABC LEASING

Lessor Address

**123 North Pole Cr. Suite 222
Salt Lake City, UT 88888**

Lease Agreement #

123456789

Description

DENTAL LASER

QTY

1

Date

12-20-22

Cost at Beginning

49179

Term

60 MOS

Annual Rent

Asset ID #

Name of Lessor

Lessor Address

Lease Agreement #

Description

QTY

Date

Cost at Beginning

Term

Annual Rent

Asset ID #

Name of Lessor

Lessor Address

Lease Agreement #

Description

QTY

Date

Cost at Beginning

Term

Annual Rent

Asset ID #

Name of Lessor

Lessor Address

Lease Agreement #

Description

QTY

Date

Cost at Beginning

Term

Annual Rent

Asset ID #