



CITY OF FRANKLIN
Return of Business Personal Property and Machinery and Tools

FOR LOCAL TAXATION ONLY
COMMISSIONER OF THE REVEUNE
 207 WEST SECOND AVENUE
 FRANKLIN, VIRGINIA 23851

NOTICE

This form must be filed by
02/15/ _____
 to avoid a penalty of \$10.00
 or an amount equivalent to
 the amount of tax due,
 whichever is less.

NOTE: IN ORDER TO PROPERLY EVALUATE TANGIBLE PERSONAL PROPERTY, TOOLS USED IN BUSINESS, FARMING, PROFESSIONS, RENTAL PROPERTY, ETC. IT IS NECESSARY THAT THIS OFFICE HAVE THE INFORMATION REQUESTED BELOW. PLEASE ATTACH AN ITEMIZED LIST AT ORIGINAL COST OF ALL PERSONAL PROPERTY ON HAND, REGARDLESS OF DATE OF PURCHASE AND WHETHER FULLY DEPRECIATED OR NOT. FOR ASSISTANCE PHONE (757) 562-8783 OR EMAIL: LBEALE@FRANKLINVA.COM.

KIND OF PROPERTY	ACTUAL COST PRICE	OFFICE USE
BUSINESS FURNITURE AND FIXTURES NOT RETURNABLE AS PART OF CAPITAL NOT OTHERWISE TAXED		
FURNITURE AND OFFICE EQUIPMENT, INCLUDING BOOKS USED IN PRACTICING A PROFESSION		
FARM MACHINERY		
LIVESTOCK (SHOW NO. AND KIND)		
TOOLS, HAND OR POWER		
ALL OTHER TANGIBLE PERSONAL PROPERTY NOT SPECIFICALLY ENUMERATED		
TOTAL VALUE OF ALL PROPERTY		

Machinery and Tools

(TO BE REPORTED IF TAXPAYER IS ENGAGED IN A MANUFACTURING BUSINESS)

ALL MACHINERY AND TOOLS USED IN A MANUFACTURING BUSINESS, SUCH MACHINERY AND TOOLS BEING SEGREGATED BY SECTION 58.1-1100, CODE OF VIRGINIA, AS AMENDED, FOR LOCAL TAXATION EXCLUSIVELY.	ACTUAL COST PRICE	(30% COST PRICE) ASSESSED VALUE

I DECLARE THAT THE STATEMENTS AND FIGURES ON THIS RETURN AND ANY ACCOMPANYING SCHEDULES AND STATEMENTS ARE TRUE, FULL AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.



 SIGNATURE OF TAXPAYER

 DATE

NOTE - IT IS A MISDEMEANOR FOR ANY PERSON WILLFULLY TO SUBSCRIBE A RETURN WHICH HE DOES NOT BELIEVE TO BE TRUE AND CORRECT AS TO EVERY MATERIAL MATTER. (CODE OF VA., SEC 58.1-11)

OWNER SOCIAL SECURITY # _____

CO-OWNER SOCIAL SECURITY # _____

OR

FEDERAL IDENTIFICATION # _____

TELEPHONE NUMBER _____

**CITY OF FRANKLIN
BRENDA B RICKMAN**

LODGING TAX _____

Checks payable To: City Treasurer

**Mail To: 207 West Second Avenue
Franklin, VA 23851**

**Registration No..... _____
For Month of..... _____**

Business Name:

Gross Receipts..... _____

8.00% Tax..... _____

Penalty & Interest. _____

Total Remittance. _____

I hereby certify that the figures shown on this form are in accordance with the Code of the CITY OF FRANKLIN

Signed

**CITY OF FRANKLIN
BRENDA B RICKMAN**

MEALS TAX _____

**Checks payable To: City Treasurer
Mail To: 207 West Second Avenue
Franklin, VA 23851**

**Registration No..... _____
For Month of..... _____**

Business Name:

Gross Receipts..... _____

7% Tax..... _____

Penalty & Interest. _____

Total Remittance. _____

I hereby certify that the figures shown on this form are in accordance with the Code of the CITY OF FRANKLIN

Signed