

__RETURN OF BUSINESS PERSONAL PROPERTY & MACHINERY AND TOOLS FOR LOCAL TAXATION ONLY

Selenia R. Boone Commissioner of the Revenue 207 West Second Avenue Franklin, Virginia 23851

NOTICE: THIS FORM MUST BE FILED BY FEBRUARY 15TH OF THE CURRENT YEAR TO AVOID A PENALTY OF \$10.00 OR AN AMOUNT EQUIVALENT TO THE AMOUNT OF TAX DUE, WHICHEVER IS LESS.

Please refer to your General Information and Instruction sheet for examples of the types of tangible property required to be reported.

Original cost field cannot be "\$0" or "blank". If the property was at no cost to you, please provide the fair market value at the time you originally acquired the property.

<u>Itemized List of Property "Acquired"</u> (January 2 through December 31st of the previous year in which you are filing)

ACTUAL COST PER ITEM	QUANTITY	OFFICE USE
	ACTUAL COST PER ITEM	ACTUAL COST PER ITEM QUANTITY

IF ADDITIONAL SPACE IS NEEDED, ATTACH A SEPARATE SHEET



RETURN OF BUSINESS PERSONAL PROPERTY & MACHINERY AND TOOLS

RETURN OF TANGIBLE BUSINESS PERSONAL PROPERTY AND MACHINERY AND TOOLS (CONTINUED)

PROPERTY RENTED, LEASED, BORROWED OR OTHERWISE PROVIDE BY OTHERS AS OF JANUARY 1ST OF THE YEAR IN WHICH YOU ARE FILING (DO NOT INCLUDE VEHICLES)

IDENTIFY OWNER	MAILING ADDRESS CITY/STATE/ZIP	DESCRIPTION OF PROPERTY	DATE OF LEASE	QUOTED PURCHASE PRICE

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ITEMIZED LIST OF PROPERTY "DISPOSED" (JANUARY $2^{\rm ND}$ THROUGH DECEMBER $31^{\rm ST}$ OF THE PREVIOUS YEAR IN WHICH YOU ARE FILING)

ASSET#	DESCRIPTION OF PROPERTY	DATE ACQURIED (LIST IN ORDER BY DATE OF ACQUISITION)	ORIGINAL COST	DATE DISPOSED
	EXAMPLE: COMPUTER	MM/DD/YYYY	XX,XXX.XX	MM/DD/YYYY

• IF ADDITIONAL SPACE IS NEEDED, ATTACH A SEPARATE SHEET

I DECLARE THAT THE STATEMENTS AND FIGURES ON THIS RE SCHEDULES AND STATEMENTS ARE TRUE, FULL AND CORREC 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 #	
FEDERAL IDENTIFICATION #	
TELEPHONE NUMBER	
EMAIL ADDRESS:	
LIVIAIL ADDINESS.	