



MAIL TO: COMMISSIONER OF THE REVENUE, P.O. BOX 1160, LEXINGTON, VA 24450

THIS IS NOT A TAX BILL - RETURN OF BUSINESS PERSONAL PROPERTY FORM

District/Town _____

Date Received _____

If your address has changed please correct it.

Account Number

- 1. Is this your first-time filing? YES or NO *If yes, proceed to table below. If No, continue to next question*
- 2. Were there changes to your Business Personal Property? Yes or NO (Please indicate changes below)

	Taxpayer Original Cost *1 st time filers*	Additions to Previous Year	Deductions to Previous Year
1. Heavy Construction Machinery			
2. Office furniture, fixtures, computers, copiers, scanners, fax machines etc... exclude software costs.			
3. Professional Equipment used in practicing a profession (including books)			
4. Tools (hand & power), expense equipment & other equipment (including woodworking & metal lathes)			
5. Leased Equipment *			
6. Machinery & Tools of Manufactures**			
7.TOTAL			
*OPERATOR RESPONSIBLE FOR PERSONAL PROPERTY TAX ** Equipment listed in this category is to be used in the manufacturing process			

AUTOMOBILE AND OTHER ROAD REGISTERED VEHICLES ARE REQUIRED TO BE REPORTED WITHIN 30 DAYS OF THE PURCHASE DATE TO AVOID A LATE FILING PENALTY

All Tangible personal property (owned or leased) used in any business or profession must be reported. The tax payer cost are actual acquisition costs. Cost of items fully depreciated, but still in use, must be included. COMPLETE AND FILE THIS FORM ON OR BEFORE MARCH 1, 2021 TO AVOID PENALTY! We assess at 25% of tax payer cost for the life of the asset.

BELONGING TO OTHERS (Lessor responsible for personal property taxes)

Owner's Name	Owner's Address	City/State/Zip
Description of Property	Lease #	ID#
Cost: \$	Annual Rent: \$	Terms of Lease

I hereby declare that the amounts listed above are true, correct and complete to the best of my knowledge and belief and that a complete itemized list of all personal property is attached.

Date: _____

Print/Type Name: _____

Signature: _____ Title: _____ Phone: _____