

**RETURN OF TANGIBLE PERSONAL PROPERTY
CITY OF PETERSBURG, VIRGINIA
OFFICE OF THE COMMISSIONER OF THE REVENUE
135 N. UNION STREET PETERSBURG, VA 23803
TEL: 804-733-2315 FAX: 804-863-2790**

FED. ID# _____

2016

2016

1. **TRADE NAME:** _____

2. **NAME OF TAXPAYER:** _____

3. **NATURE OF BUSINESS:** _____

4. **BUSINESS ADDRESS:** _____

5. **MAILING ADDRESS:** _____

IMPORTANT INSTRUCTIONS

- File this return with the Commissioner of Revenue on or before March 31, 2016. Minimum of \$10.00 or 10% penalty after March 31, 2016.
- All tangible personal property (owned or leased) used in any business or profession must be reported. Cost values to be replaced are actual acquisition costs before allowance for depreciation.
- Any tax due must be paid on or before June 10, 2016.

SCHEDULE A		COST VALUES OF PROPERTY ACQUIRED					
PROPERTY CLASSIFICATIONS		A PRIO TO 2011	B DURING 2012	C DURING 2013	D DURING 2014	E DURING 2015	F TOTAL A-B-C-D-E
6. BUSINESS FURNITURE & FIXTURES, BUSINESS & OFFICE MACHINES, PROFESSIONAL EQUIPMENT, SHOP TOOLS, MACHINERY NOT USED IN MANUFACTURING, MINING, RADIO OR TELEVISION, BUSINESS TOOLS OF MECHANIC.							
7. PERCENT OF COST VALUES TO BE USED		20%	25%	30%	35%	40%	
8. TAXABLE PORTION OF COST VALUES (LINE 7 PERCENTAGES OF LINE 6 COST VALUES)							
		9. TAX RATE \$4.40 PER \$100 COST VALUE					
NOTE: Machinery & Tools On Separate Sheet		10. BUSINESS PERSONAL PROPERTY TAX: MULTIPLY TOTAL TAXBLE PORTION OF COST VALUES ENTERED IN COLUMN F, LINE 8 BY THE \$4.40 PER HUNDRED TAX RATE.					

SCHEDULE B ***VEHICLES WILL BE ASSESSED BY NADA UNLESS NOT LISTED, THEN WILL BE ASSESSED BY ORIGINAL COST/YEAR PURCHASED

MAKE	YEAR MODEL	SERIAL NO.	LICENSE NO.	YEAR ACQUIRED	COST AT TIME OF PURCHASE	OFFICE USE ONLY

ATTACH SCHEDULE IF MORE SPACE IS NEEDED

FOR OFFICE USE ONLY		
TOTAL:	\$ _____	\$ _____
AUDITED BY:	_____	_____

IMPORTANT MESSAGE ON REVERSE SIDE
DECLARATION BY TAXPAYER: I DECLARE THAT THE FOREGOING STATEMENTS AND FIGURES ARE TRUE, FULL AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE OF TAXPAYER _____ DATE _____

TITLE _____

PHONE: _____ FAX: _____