

**RETURN OF MACHINERY & TOOLS  
CITY OF PETERSBURG, VIRGINIA  
OFFICE OF THE COMMISSIONER OF THE REVENUE  
144 N SYCAMORE ST PETERSBURG, VA 23803  
TEL: 804-733-2315 FAX: 804-508-6948**

FED. ID# \_\_\_\_\_

**2023**

**2023**

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, 2023**. Minimum of **\$10.00** or **10%** penalty after **March 31, 2023**.
- 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 9, 2023**.

<b>SCHEDULE A</b>		<b>COST VALUES OF PROPERTY ACQUIRED</b>					
<b>PROPERTY CLASSIFICATIONS</b>		<b>A PRIOR TO 2018</b>	<b>B DURING 2019</b>	<b>C DURING 2020</b>	<b>D DURING 2021</b>	<b>E DURING 2022</b>	<b>F TOTAL A-B-C-D-E</b>
6. MACHINERY AND TOOLS USED IN A MANUFACTURING, MINING, RADIO OR TELEVISION BROADCASTING OR DAIRY BUSINESS.							
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 \$3.80 PER \$100 COST VALUE					
NOTE: Machinery & Tools Only see line 6		10. BUSINESS PERSONAL PROPERTY TAX: MULTIPLY TOTAL TAXABLE PORTION OF COST VALUES ENTERED IN COLUMN F, LINE 8 BY THE \$3.80 PER HUNDRED TAX RATE.					

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

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

**ATTACH SCHEDULE IF MORE SPACE IS NEEDED**

<b>FOR OFFICE USE ONLY</b>	
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: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PLEASE NOTE

IF YOU OR YOUR COMPANY RENTS OR LEASES ANY EQUIPMENT NOT SHOWN BY YOU ON PAGE 1(ONE) OF THIS FORM, PLEASE FILL IN THE FOLLOWING:

NAME AND ADDRESS OF LEASING COMPANY

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TYPE OF EQUIPMENT LEASED OR RENTED

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