

**RETURN OF TANGIBLE PERSONAL PROPERTY
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# _____

2020

2020

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, 2020. Minimum of \$10.00 or 10% penalty after March 31, 2020.
- 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, 2019.

SCHEDULE A		COST VALUES OF PROPERTY ACQUIRED					
PROPERTY CLASSIFICATIONS		A PRIOR TO 2015	B DURING 2016	C DURING 2017	D DURING 2018	E DURING 2019	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 \$4.90 PER \$100 COST VALUE					
NOTE: Business Personal Property Only see line 6		10. BUSINESS PERSONAL PROPERTY TAX: MULTIPLY TOTAL TAXABLE PORTION OF COST VALUES ENTERED IN COLUMN F, LINE 8 BY THE \$4.90 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: _____

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

TYPE OF EQUIPMENT LEASED OR RENTED
