

**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# \_\_\_\_\_

**2019**

**2019**

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 29, 2019. Minimum of \$10.00 or 10% penalty after March 29, 2019.
- 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.

<b>SCHEDULE A</b>		<b>COST VALUES OF PROPERTY ACQUIRED</b>					
<b>PROPERTY CLASSIFICATIONS</b>		<b>A PRIOR TO 2014</b>	<b>B DURING 2015</b>	<b>C DURING 2016</b>	<b>D DURING 2017</b>	<b>E DURING 2018</b>	<b>F TOTAL A-B-C-D-E</b>
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)							
NOTE: Business Personal Property Only see line 6		9. TAX RATE \$4.90 PER \$100 COST VALUE					
		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**

<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

---

---

---

TYPE OF EQUIPMENT LEASED OR RENTED

---

---

---