

RETURN OF MACHINERY & TOOLS
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.

SCHEDULE A	COST VALUES OF PROPERTY ACQUIRED					
PROPERTY CLASSIFICATIONS	A PRIOR TO 2014	B DURING 2015	C DURING 2016	D DURING 2017	E DURING 2018	F TOTAL A-B-C-D-E
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						
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.						

NOTE: Machinery & Tools Only see line 6

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

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
