

Business Property Form

Amherst County, VA

Tax Year: _____

Return of Business Personal Property / Machinery & Tools

Social Security or Federal ID Number: _____

Business Name: _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone Number: _____

Contact Person: _____

IMPORTANT: If you no longer operate a business, please state that on this form and when the business was closed. Failure of the return of this form may or may not result in a statutory assessment.

Schedule 1 Business Equipment & Furniture

Enter the original cost of your Business Property in blocks (A) and (B).

(A) Total Cost of purchases older than 4 years: _____

(B) Total Cost of purchases 1 – 4 years old: _____

**Schedule 2 Machinery & Tools
(TO BE USED BY MANUFACTURER ONLY)**

Enter the original cost of your Machinery & Tools in Block (A).

(A) Total Cost of property used in manufacturing operations: _____

PLEASE ATTACH AN ITEMIZED LIST OF THE PROPERTY REPORTED ON SCHEDULES 1 & 2 SHOWING EACH ITEM'S DESCRIPTION AND PURCHASE DATE. AN AGED AND ITEMIZED DEPRECIATION SCHEDULE WILL GENERALLY FULFILL THIS REQUIREMENT.

DECLARATION BY TAXPAYER

I declare that the amounts shown on this schedule are correct and complete to the best of my knowledge and belief.

Signature of Taxpayer

Date

NOTE: It is a misdemeanor for any person willfully to subscribe a return which he does not believe to be true and correct as to every material matter. (Code of Virginia 58:1-11)

PLEASE MAIL THIS TAX RETURN TO:
JANE L. IRBY
COMMISSIONER OF THE REVENUE
P O BOX 719
AMHERST, VA 24521
PHONE: 434-946-9310 FAX: 434-946-9312

DUE BY MAY 1