

2019

POWHATAN COUNTY VIRGINIA

2019

OFFICE OF THE COMMISSIONER OF THE REVENUE

PHONE (804) 598-5616

RETURN OF BUSINESS TANGIBLE PERSONAL PROPERTY, MACHINERY AND TOOLS
IMPORTANT: PLEASE READ INFORMATION ON BACK BEFORE COMPLETING THIS RETURN

NAME OF TAXPAYER: _____ FED. ID OR SS# _____
Please Print. If Partnership, Give Name Of Each Partner

TRADE NAME _____ BUSINESS: _____

MAILING ADDRESS: _____
TRUCKS, CARS, TRAILERS AND ALL TYPES OF MOTOR VEHICLES THAT ARE REGISTERED WITH THE DEPARTMENT OF MOTOR VEHICLES SHOULD NOT BE LISTED ON THIS FORM.

SCHEDULE 1 Tangible Personal Property including furniture, fixtures, books, office and business machines, shop tools used in any business or profession.

Table with 4 columns: ENTER ORIGINAL CAPITALIZED COST TO RIGHT AS INDICATED BELOW, BUSINESS PROPERTY, FOR USE BY COMM. OF THE REVENUE ASSESSED VALUATION, PERCENT TO BE USED. Rows include costs for property acquired prior to 2014 and purchased from 2015 to 2018, plus a total for 2019.

SCHEDULE 2 MACHINERY & TOOLS for taxpayers engaged in manufacturing, mining, processing, reprocessing, radio & television broadcasting, dry cleaners or laundry or dairy business.

Table with 4 columns: ENTER ORIGINAL CAPITALIZED COST TO RIGHT AS INDICATED BELOW, BUSINESS PROPERTY, FOR USE BY COMM. OF THE REVENUE ASSESSED VALUATION, PERCENT TO BE USED. Rows include costs for property acquired prior to 2014 and purchased from 2015 to 2018, plus a total for 2019.

A CURRENT DETAILED DEPRECIATION SCHEDULE FROM YOUR FEDERAL INCOME TAX RETURN, INCLUDING ALL FULLY DEPRECIATED ITEMS AND A LIST OF FIXED ASSETS ITEMIZING ALL PROPERTY REPORTED IN THE SCHEDULES ABOVE MUST BE SUBMITTED WITH THIS RETURN.

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

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 person, other than taxpayer, preparing this return) (Date)

(Signature of taxpayer) (Date)

(Name of firm or employees, if any)

Phone: _____

(OVER)