



COUNTY OF BOTETOURT
OFFICE OF THE COMMISSIONER OF REVENUE
P.O. Box 128, Fincastle, Virginia 24090
TELEPHONE (540) 473-8270
commissioner@botetourt.org

2014

RETURN OF BUSINESS TANGIBLE PERSONAL PROPERTY & MACHINERY & TOOLS

TAXPAYER I.D. # _____

IMPORTANT INSTRUCTIONS - PLEASE READ

1. FILE THIS FORM WITH THE COMMISSIONER OF REVENUE ON OR BEFORE APRIL 15, 2014.
2. ALL TANGIBLE PERSONAL PROPERTY (OWNED OR LEASED) USED IN ANY BUSINESS OR PROFESSION MUST BE REPORTED. COST VALUES TO BE USED ARE ACTUAL ACQUISITION COSTS BEFORE ALLOWANCE FOR DEPRECIATION. COST VALUES OF ITEMS FULLY DEPRECIATED, BUT STILL IN USE, MUST BE INCLUDED.
3. SEE REVERSE SIDE OF THIS FORM FOR INSTRUCTIONS PERTAINING TO TANGIBLE PERSONAL PROPERTY LEASED/ RENTED FROM OTHERS.

NATURE OF BUSINESS

Attach a list or Depreciation Schedule with description, cost and acquisition date of asset.

PROPERTY CLASSIFICATIONS	ORIGINAL COST VALUE OF PROPERTY ACQUIRED OR LEASED					
	ACQUIRED PRIOR TO 2010	ACQUIRED DURING 2010	ACQUIRED DURING 2011	ACQUIRED DURING 2012	ACQUIRED DURING 2013	FOR OFFICE USE ONLY
4. BUSINESS FURNITURE & FIXTURES, BUSINESS OFFICE MACHINES, PROFESSIONAL EQUIPMENT, CONSTRUCTION EQUIPMENT, SHOP & MECHANICS TOOLS & MACHINERY NOT USED IN MANUFACTURING, MINING, RADIO OR TELEVISION BUSINESSES.						
5. LEASED/RENTED BUSINESS FURNITURE & FIXTURES, BUSINESS OFFICE MACHINES, PROFESSIONAL EQUIPMENT, CONSTRUCTION EQUIPMENT, SHOP & MECHANICS TOOLS & MACHINERY NOT USED IN MANUFACTURING, MINING, RADIO OR TELEVISION BUSINESSES.						
6. ASSESSMENT (FOR OFFICE USE ONLY) RATIO	10%	30%	50%	70%	90%	

Below is for Manufacturers (and others listed in Line 7)

	DATE ACQUIRED	PRIOR TO 12-31-2008	FROM 1-1-2009 TO 12-31-2013	FOR OFFICE USE ONLY
7. MACHINERY AND TOOLS USED IN A MANUFACTURING, MINING, RADIO OR TELEVISION BROADCASTING, OR DAIRY BUSINESS.				
8. LEASED/RENTED MACHINERY AND TOOLS USED IN A MANUFACTURING, MINING, RADIO OR TELEVISION BROADCASTING, OR DAIRY BUSINESS.				
9. ASSESSMENT (FOR OFFICE USE ONLY) RATIO		42%	50%	

Contact: _____

Has business closed? Yes ___ No ___

Contact Phone #: _____

If closed, date of closure _____

Contact Email: _____

FOR USE BY COMMISSIONER OF REVENUE

Do not write below this line

DECLARATION BY TAXPAYER: I DECLARE THAT THE FOREGOING STATEMENTS AND FIGURES ARE TRUE, FULL AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

AUTHORIZED SIGNATURE DATE

SIGNATURE OF PREPARER DATE

ASSESSED VALUATION	TOTAL
BUSINESS PERSONAL PROPERTY	\$
MACHINERY & TOOLS	\$