



Darlene M. Rowsey
Commissioner of the Revenue

Prince George County, Virginia
Return of Business Tangible Personal Property

Office of the Commissioner of the Revenue
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2018

IMPORTANT: FILE ON OR BEFORE FEBRUARY 5, 2018

All furniture, fixtures and equipment located in Prince George County on January 1, 2018 *even though fully depreciated*, is to be included at original cost. If you do not own any personal property listed on this form, please fill in all other information requested and **return to this office on or before February 5, 2018.**

NAME: _____

PROPERTY ID: _____

Business Phone Number: _____

Email: _____

Date Business Began: _____

Date Business Closed/Moved: _____

Business Address (If Different from Above): _____

Tangible Personal Property Owned and Used as of January 1, 2018

1. Business Furniture, Fixtures, Equipment and Tools:

Report below the cost of all furniture, fixtures, equipment, including backhoes, cranes, generators, etc. hand and/or power tools, copiers and other office machines, computer equipment, including mainframe and personal computers, monitors, CPUs, business telephones, signs, and any other tangible personal property.

Year Acquired	Original Cost	Percentage	Assessed Value
2013 or Before		20%	
2014		30%	
2015		40%	
2016		50%	
2017		60%	
TOTALS			

***Note:** If there are differences from the reported cost figures on last year's return due to disposals or transfers in/out, you must provide detailed documentation (including description, cost, purchase year, and date of change) supporting these differences.

2. Tangible Personal Property Leased, Rented, or Borrowed from others as of January 1, 2018:

Name of Owner	Address of Owner	Property Description	Start/End Date	Original Cost

You **must** include both of the following with your return:

1. An **itemized list** of all personal property reported
2. A copy of the **depreciation schedule** (FORM 4562) AND all applicable schedules and attachments from your most recent federal income tax return. If you do NOT complete a federal depreciation schedule, please check here: ___

DECLARATION BY TAXPAYER: I declare that the foregoing statements and figures are true, full and correct to the best of my knowledge and belief. (§ 58.1-11, Code of Virginia)

Please Print Name

Signature of Taxpayer

Date

Office Use Only:	Mail: _____	Audit Needed: _____	BFF Assessed Value: _____	File Date: _____
	Counter: _____	Vehicles Only: _____	M&T Assessed Value: _____	Staff Initials: _____

