

Business Property Form

Tax Year: _____

Amherst County, Virginia

Return of Business Personal Property/Merchants Capital/Machinery & Tools

Business Name _____

Business Telephone Number _____

Contact Person _____

SOCIAL SECURITY OR FEDERAL ID NUMBER _____

NAME AND MAILING ADDRESS OF TAXPAYER:

Schedule 1 Merchants Capital

Merchants Capital – Inventory of Stock on Hand January 1.

Schedule 2 Business Equipment & Furniture

Enter the original cost of your Business Property in block (A.)

(A) Total Cost of Property including purchases through tax year: _____

Schedule 3 Machinery & Tools

(TO BE USED BY MANUFACTURER ONLY)

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

(A) Total cost of property used in manufacturing operations.

PLEASE ATTACH AN ITEMIZED LIST OF THE PROPERTY REPORTED ON SCHEDULES 1, 2, 3 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, VIRGINIA 24521

TELEPHONE NUMBER (434) 946-9310 FAX NUMBER (434) 946-9312

DUE BY MAY 1

IMPORTANT: If you no longer operate a business please state that on this form and when the business was closed.