



Shirley Y. Hammock
 Commissioner of the Revenue
 Pittsylvania County
 PO Box 272
 Chatham, VA 24531

**2016 MANUFACTURER'S REPORTING
 FOR TANGIBLE PERSONAL PROPERTY**

DUE DATE February 15TH

TELEPHONE NUMBERS
 (434) 432-7940
 (434) 656-6211
 FAX (434) 432-7957

**Failure to file by deadline will result in
 penalty 10% or \$10.00 whichever is greater**

Account Number: _____

(SSN or Federal ID): _____

MACHINERY & TOOLS (Reported by taxpayers engaged in manufacturing, mining, processing, or reprocessing, radio or television broadcasting, dairy, dry cleaning or laundry business.) **ATTACH DETAIL LIST OF ALL PROPERTY.** IF LEASING MACHINERY & TOOLS, MOTOR VEHICLES & TRAILERS, PERSONAL PROPERTY, LIST IN **"ALL OTHER"**. **NOTE: IF REPORTING INACTIVE M&T, WHEN RETURNED TO USE DURING TAX YEAR MUST REPORT TO COMMISSIONER OF THE REVENUE OFFICE FOR ASSESSMENT.**

DATE ACQUIRED	ORIGINAL COST (Include cost of disposals or inactives)	DISPOSALS	DISPOSAL DATE	ORIGINAL COST INACTIVE MACHINERY as of January 1, 2016	DATE REMOVED FROM ACTIVE USE	ASSESSED VALUE (Office Use Only)

ALL OTHER (Include all property not defined above)
 (IF LESSOR/LESSEE REPORTING ATTACH SCHEDULE SHOWING LESSEE/LESSOR, TYPE OF PROPERTY, ORIGINAL COST AND DATE ACQUIRED.)

DATE ACQUIRED	DESCRIPTION OF PROPERTY	ORIGINAL COST	DISPOSALS	ASSESSED VALUE

PLEASE COMPLETE If you have a dual operation and offer your product for retail sale to the consumer (including sales to your employees).

BUSINESS FURNITURE OFFICE EQUIPMENT TOOLS

(Attach detail list of all property. Include totals for all three categories if applicable on appropriate line)

Purchase Year	Cost (before any disposals)	Percentage	DISPOSALS (list in year of purchase)	ASSESSED VALUE (Office Use Only)
2015		27.5%		
2014		25.0%		
2013		23.5%		
2012		20.0%		
2011		17.5%		
2010		15.0%		
2009		13.5%		
2008		10.0%		
2007		7.5%		
2006 & Prior		5.0%		

MERCHANTS CAPITAL (To be reported if a taxpayer is a merchant)

INVENTORY OF STOCK ON HAND _____

DECLARATION:

I declare that the statements and figures submitted above are true, full, and correct to the best of my knowledge and belief.

Signature _____

Printed Name _____

Title _____ Date _____

Telephone number _____

FAILURE TO FILE THIS RETURN WILL RESULT IN A STATUTORY ASSESSMENT & PENALTY