



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

**2019 BUSINESS & PROFESSIONAL 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 Fed ID): _____

LEGAL BUSINESS NAME: (If different from above) _____

LOCATION ADDRESS: (If different from mailing address) _____

HEAVY CONSTRUCTION MACHINERY (List all property with purchase date, description & cost. If any of this property has been sold, show the date sold and disposal amount; then attach sheet giving the new owners name & address.) If you use any heavy construction equipment which is located in another city or county, please indicate which on an attached sheet.

Date Acquired	MODEL & DESCRIPTION	ORIGINAL COST	DISPOSAL DATE	DISPOSAL AMOUNT	ASSESSED VALUE (OFFICE USE ONLY)

BUSINESS FURNITURE OFFICE EQUIPMENT TOOLS

(Show total cost below of all furniture, office equipment and tools purchased in each year; then attach a detailed listing [such as a depreciation schedule] of all such property along with the date and cost of purchase.) If any of this property has been disposed of, show the original cost of such equipment in the disposal column beside the purchase year; then attach sheet explaining the disposal and give the new owners name & address if it was sold.)

Purchase Year	Cost (before any disposals)	Percentage	DISPOSALS (list in year of purchase)	ASSESSED VALUE (Office Use Only)
2018		27.5%		
2017		25.0%		
2016		23.5%		
2015		20.0%		
2014		17.5%		
2013		15.0%		
2012		13.5%		
2011		10.0%		
2010		7.5%		
2009 & Prior		5.0%		

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

Merchants should enter the cost figure of their "Inventory of Stock on Hand" for January 1st of this year. Generally, this should equal the ending inventory shown in the "Cost of Goods Sold" section of their prior year's Federal income tax return. The Commissioner shall compute the assessment amount on the back of this form.

INVENTORY OF STOCK ON HAND _____

ALL OTHER BUSINESS PROPERTY (Leased Property and any other property not defined on this side – **SEE REVERSE SIDE**)

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

ALL OTHER BUSINESS PROPERTY (Report below all other property not included on the front side)

(If you are reporting as the lessor of property, attach a schedule identifying the lessee, type of property, original cost and date acquired.)

(If you are reporting as the lessee of property, attach a schedule identifying the lessor, type of property, original cost and date acquired.)

DATE ACQUIRED	DESCRIPTION OF PROPERTY	ORIGINAL COST	DISPOSAL DATE	DISPOSAL AMOUNT	ASSESSED VALUE (OFFICE USE ONLY)

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 _____

ASSESSMENT COMPUTATION OF MERCHANT'S CAPITAL - FOR OFFICE USE ONLY:

INVENTORY OF STOCK ON HAND FROM FRONT PAGE	\$	Percentage	ASSESSED VALUE (Office Use Only)
\$1 - \$1,000,000	\$	30%	\$
\$1,000,001 - \$5,000,000	\$	10%	\$
\$5,000,001 - Unlimited	\$	5%	\$
TOTAL			\$