



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

**2019 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): \_\_\_\_\_

LEGAL BUSINESS NAME: (If different from above) \_\_\_\_\_

LOCATION ADDRESS: (If different from mailing address) \_\_\_\_\_

**MACHINERY & TOOLS** (Reported by taxpayers engaged in manufacturing, mining, processing, or reprocessing, radio or television broadcasting, dairy, dry cleaning or laundry business.) **ATTACH DETAILED LIST OF ALL PROPERTY.**

IF LEASING MACHINERY & TOOLS, MOTOR VEHICLES & TRAILERS, OR OTHER PERSONAL PROPERTY, LIST IN **"ALL OTHER" ON REVERSE SIDE OF THIS FORM.**

**NOTE: YOU MUST REPORT TO COMMISSIONER OF THE REVENUE OFFICE FOR ASSESSMENT IF YOU RETURNED TO USE DURING TAX YEAR ANY PROPERTY REPORTED PREVIOUSLY AS INACTIVE M&T.**

DATE ACQUIRED	ORIGINAL COST (Include cost of disposals or inactives)	DISPOSALS	DISPOSAL DATE	ORIGINAL COST INACTIVE MACHINERY as of January 1, 2019	DATE REMOVED FROM ACTIVE USE	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: PLEASE COMPLETE** If you have a dual operation and offer your product for retail sale to the consumer (including sales to your employees). The Commissioner shall compute the assessment amount on the back of this form.

INVENTORY OF STOCK ON HAND \$ \_\_\_\_\_

**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%	\$
<b>TOTAL</b>			\$