



**Brandy N. Palazzone, Commissioner of the Revenue**

County of York, Virginia  
P. O. Box 189  
Yorktown, VA 23690-0190  
Tel: (757) 890-3381

**FINAL FILING DATE-**  
**March 1<sup>st</sup> annually**

(Penalty for Late or Not Filing is 10%, \$10.00  
Minimum, not to exceed amount of tax)

**THIS IS NOT A BILL Form may be mailed or submitted through the document portal (see page 4)**

**TAX RETURN OF BUSINESS TANGIBLE PERSONAL PROPERTY AND MACHINERY AND TOOLS**

Taxpayer 1 Name:		Account #:	
Taxpayer 2 Name:		FEIN / SSN #:	
Trade Name:		Business Location:	
Mailing Address Line 1:		City / State:	
Mailing Address Line 2:		Business Type:	
City/ State/ Zip:		Telephone Number:	

**Important Notice-** Every proprietor, firm or corporation owning or leasing tangible business property, machinery and tools, located in York County as of January 1<sup>st</sup> of the year in which you are filing must report the same on this form and return it by **March 1<sup>st</sup> annually**. **Failure to file will result in a statutory assessment, which will be the basis of your tax bill, and may also result in legal action.**

Virginia Code §58.1-3519 authorizes the Commissioner of the Revenue to assess property based on the best information available in any case where a taxpayer neglects or refuses to file a complete return. All filings are subject to audit by the Commissioner of the Revenue at any time.

Did you own or operate this business in York County on January 1<sup>st</sup> of the year in which you are filing?  Yes  No  
If No, business closed on \_\_\_\_\_ or business was moved to \_\_\_\_\_ on \_\_\_\_\_  
and tangible property was  sold  disposed  converted to personal use or  moved from York County.

**ATTACH a complete CUMULATIVE LISTING of ALL property used as of January 1<sup>st</sup> of the year in which you are filing.** Reporting "SAME AS LAST YEAR" or returning this form "blank" is not considered filing. Notation of items acquired/disposed must be provided. **If you do not use any tangible property in your trade or business, please complete ITEM I and ITEM II with "\$0", AND provide a written explanation as to how business is conducted without equipment and/or computer equipment.** \_\_\_\_\_

Examples of tangible property may include, but are not limited to the following:

- All furniture, fixtures, furnishings, operating equipment, hand tools, power tools, books, machinery, signage, computers & peripherals (excluding software) and all other such tangible property owned, leased or made available to you in the conduct of your business. This includes all items which are "home-made" or predominately "personal use".
- All tangible property received as a "GIFT", rebate, donation, or other items received at no cost to you. (If original cost is unknown, to the best of your ability, indicate the fair market value at time of receipt of property).
- All items fully depreciated, but still in use.

In accordance with the Code of Virginia §58.1-3507, does your property qualify as Machinery and Tools used in a Manufacturing, Mining, Processing and reprocessing, Radio or TV Broadcasting, Dairy, Dry Cleaning or Laundry Business?  Yes

**ITEM I**

<b>FURNITURE, FIXTURES, TOOLS AND EQUIPMENT</b>	
1. Original Cost of Property owned on January 1 <sup>st</sup> of the previous year in which you are filing	
2. Original Cost of Property acquired or moved in during the previous year in which you are filing <b>(attach list)</b>	+
3. Original Cost of Property disposed of or moved out during the previous year in which you are filing <b>(attach list)</b>	-
4. Total Original Cost of Property owned in York Co. on January 1 <sup>st</sup> of the year in which you are filing	=
<b>(FOR OFFICE USE ONLY)</b>	

**ITEM II**

<b>COMPUTER EQUIPMENT (EXCLUDING SOFTWARE):</b>	
1. Original Cost of Property owned on January 1 <sup>st</sup> of the previous year in which you are filing	
2. Original Cost of Property acquired or moved in during the previous year in which you are filing <b>(attach list)</b>	+
3. Original Cost of Property disposed of or moved out during the previous year in which you are filing <b>(attach list)</b>	-
4. Total Original Cost of Property owned in York Co. on January 1 <sup>st</sup> of the year in which you are filing	=
<b>(FOR OFFICE USE ONLY)</b>	

**FOR YOUR CONVENIENCE – A separate sheet to list your purchases and disposals is following.**

**TAX RETURN OF BUSINESS TANGIBLE PERSONAL PROPERTY AND MACHINERY AND TOOLS  
(Continued)**

**ITEM III\* Business Use Vehicles/Mobile Homes/Mobile Office Trailers/Boats**

(List all vehicles owned or leased by this business **AND** list all other vehicles used more than **50%** for business purposes.)

Registered Owner or Lessor	Year-Make-Model	Identification Number/VA#	Date Acquired	Cost to You	Office Use Only
				\$	
				\$	
				\$	

**\*IF ADDITIONAL SPACE IS NEEDED, ATTACH A SEPARATE SHEET AND REFER TO ITEM#**

**ITEM IV\* Property Leased, Rented, Borrowed or Otherwise Provided BY others as of January 1<sup>st</sup> of the year in which you are filing - (except vehicles)**

Identify Owner/Lessor	Mailing Address City/State/Zip	Description of Property	Date of Lease	Quoted Purchase Price
				\$
				\$
				\$

**\*IF ADDITIONAL SPACE IS NEEDED, ATTACH A SEPARATE SHEET AND REFER TO ITEM#**

**ITEM V\* Property, Leased Rented, Borrowed or Otherwise Provided TO others as of January 1<sup>st</sup> of the year in which you are filing - (except vehicles)**

Identify Lessee/Borrower Mailing Address	Physical Location of Property	Description of Property	Date of Lease	Quoted Purchase Price
				\$
				\$
				\$

**\*IF ADDITIONAL SPACE IS NEEDED, ATTACH A SEPARATE SHEET AND REFER TO ITEM#**

*I declare that the information and figures provided above are true, full and correct to the best of my knowledge and belief. If submitting by the DOCUMENT PORTAL, you must initial below, which will be the equivalent of your signature. If submitting by MAIL, this form must be signed. **This form cannot be accepted unless you initial or sign below.***

Taxpayer Initials: \_\_\_\_\_ Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Taxpayer Signature: \_\_\_\_\_ Email Address: \_\_\_\_\_

If you would like this office to be able to discuss this return with anyone other than the owner or corporate officer of the business, please check the box below.

- I authorize the Commissioner of the Revenue's office to discuss this return with \_\_\_\_\_.

**NOTE: It is a Class 1 misdemeanor for any person to willfully subscribe a return which he/she does not believe to be true and correct as to every material matter (Code of Virginia §58.1-11).**

**SUBMIT A COPY OF THE MOST RECENT DEPRECIATION SCHEDULE  
(Depreciation Schedule may be mailed or submitted through the document portal)**



**ITEMIZED PROPERTY LISTING**  
**County of York, VA**

**FINAL FILING DATE-**  
**March 1<sup>st</sup> annually**

**(This form must be completed and returned with your filing form)**

**Company Name:** \_\_\_\_\_  
**Contact Person:** \_\_\_\_\_  
**Account Number:** \_\_\_\_\_

**Daytime Telephone:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_  
**Website:** \_\_\_\_\_

Please refer to your "Tax Return of Business Tangible Personal Property and Machinery and Tools" form for the examples of the types of tangible property required to be reported. If you have any questions in regards to what property should be reported, please contact our office at (757) 890-3381.

\* Original cost field cannot be "blank" or "\$0". If you received property at no cost to you, please provide the fair market value at the time you originally acquired the property. \*\* Items acquired/disposed must be reported and effective date of acquisition/disposition indicated.

Please make additional copies of this sheet as needed. You may use your own form as long as it includes the information requested below.

**Itemized List of Property "Acquired"**  
**(January 2<sup>nd</sup> through December 31<sup>st</sup> of the previous year in which you are filing)**

Asset #	Description of Property	Date Acquired** (list in order by date of acquisition)	Original Cost*
	Example: Computer	MM/DD/YYYY	XX,XXX.XX

**Total Cost of Equipment "Acquired"**  
**(during the previous year in which you are filing)**  
**(ITEM I, Line 2)**

\$ \_\_\_\_\_

**Total Cost of Computer Equipment "Acquired"**  
**(during the previous year in which you are filing)**  
**(ITEM II, Line 2)**

\$ \_\_\_\_\_

Please transfer figures from above totals to corresponding line on first page of "Tax Return of Business Tangible Personal Property and Machinery and Tools" form.

**ITEMIZED PROPERTY LISTING**  
**County of York, VA**  
**(Continued)**

\* Original cost field cannot be “blank” or “\$0”. If you received property at no cost to you, please provide the fair market value at the time you originally acquired the property. \*\* Items acquired/disposed must be reported and effective date of acquisition/disposition indicated.

**Itemized List for Property “Disposed”**  
**(January 2<sup>nd</sup> through December 31<sup>st</sup> of the previous year in which you are filing)**

<b>Asset #</b>	<b>Description of Property</b>	<b>Date Acquired (list in order by date of acquisition)</b>	<b>Original Cost*</b>	<b>Date Disposed**</b>
	<b>Example: Computer</b>	<b>MM/DD/YYYY</b>	<b>XX,XXX.XX</b>	<b>MM/DD/YYYY</b>

**Total Cost of Equipment “Disposed”**  
**(during the previous year in which you are filing)**  
**(ITEM I, Line 3)**

\$ \_\_\_\_\_

**Total Cost of Computer Equipment “Disposed”**  
**(during the previous year in which you are filing)**  
**(ITEM II, Line 3)**

\$ \_\_\_\_\_

Please transfer figures from above totals to corresponding line on the first page of “*Tax Return of Business Tangible Personal Property and Machinery and Tools*” form.

**NOTE: It is a Class 1 misdemeanor for any person to willfully subscribe a return which he/she does not believe to be true and correct as to every material matter (Code of Virginia §58.1-11).**

*I declare that the information and figures provided above are true, full and correct to the best of my knowledge and belief. If submitting by the DOCUMENT PORTAL, you must initial below, which will be the equivalent of your signature. If submitting by MAIL, this form must be signed. **This form cannot be accepted unless you initial or sign below.***

Taxpayer Initials: \_\_\_\_\_ Taxpayer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(It is recommended that you PRINT and/or SAVE a copy for your records)**  
**To submit this form through our document portal, please save your completed form and upload it [here](#).**