

**CITY OF ROANOKE, VIRGINIA
BUSINESS PERSONAL PROPERTY RETURN**

2020

Sherman A. Holland
Commissioner of the Revenue
215 Church Ave SW Room 251
Roanoke, Virginia 24011

Telephone: (540) 853-2524
Fax: (540) 853-1115
commrev@roanokeva.gov

ACCOUNT NUMBER: _____

FED ID # OR SOC SEC #: _____

BUSINESS LICENSE #: _____

TRADE NAME & MAILING ADDRESS: _____

TO AVOID A 10% LATE FILING PENALTY:

1. Schedules 1 or 2 & 3 **MUST** be completed and returned to the Commissioner's Office by **FEBRUARY 18, 2020**
2. Attach a complete detailed fixed asset list (list must include fully depreciated items, IRS Section 179 items, and expensed items)

DATE BUSINESS CLOSED: _____

DATE BUSINESS STARTED IN CITY: _____

APPLICANT NAME & PHYSICAL ADDRESS:
NATURE OF BUSINESS:

SCHEDULE 1 Tangible personal property including furniture, fixtures, equipment, books, office machines, electric & hand tools, computers, and all other items used in any business or profession. Computer software is exempt. (List LEASED property on reverse)

ENTER ORIGINAL CAPITALIZED COST TO RIGHT AS INDICATED BELOW:	COST	%	TOTAL
ORIGINAL COST OF PROPERTY PURCHASED IN 2015 AND ALL PRIOR YEARS		20%	
ORIGINAL COST OF PROPERTY PURCHASED IN 2016		30%	FOR
ORIGINAL COST OF PROPERTY PURCHASED IN 2017		40%	OFFICE
ORIGINAL COST OF PROPERTY PURCHASED IN 2018		50%	USE
ORIGINAL COST OF PROPERTY PURCHASED IN 2019		60%	ONLY
TOTAL COST OF PROPERTY OWNED AS OF JANUARY 1, 2020			

SCHEDULE 2 Machinery & Tools used in manufacturing, mining, processing, reprocessing, broadcasting, dry cleaning or commercial laundry, and dairy Businesses. File office equip & furniture in Sch 1. Computer software is exempt. (List LEASED property on reverse)

ENTER ORIGINAL CAPITALIZED COST TO RIGHT AS INDICATED BELOW:	COST	%	TOTAL
ORIGINAL COST OF PROPERTY PURCHASED IN 2015 AND ALL PRIOR YEARS		20%	
ORIGINAL COST OF PROPERTY PURCHASED IN 2016		30%	FOR
ORIGINAL COST OF PROPERTY PURCHASED IN 2017		40%	OFFICE
ORIGINAL COST OF PROPERTY PURCHASED IN 2018		50%	USE
ORIGINAL COST OF PROPERTY PURCHASED IN 2019		60%	ONLY
TOTAL COST OF PROPERTY OWNED AS OF JANUARY 1, 2020			

SCHEDULE 3 VEHICLES: Review the attached vehicle(s). If an item is no longer owned, list a reason and date of 'move' or 'disposal' and update the information with the DMV, FAA, or Inland Game & Fisheries. List below, and provide copies of the VA DMV registration cards, for items that are in the City but not on the attached sheet(s). (List LEASED property on reverse)

State Tag	Title #	Yr.	Make	Vehicle ID # Description	Trailer/Aircraft Type	Gross Wgt Orig. Cost	Purch Date In City Date

Owner or Officer of Corp. signature: _____ Date: _____

Telephone: _____ Fax: _____ E-mail: _____

Preparer name (please print): _____ Preparer's Business/agency _____

Preparer's Telephone #: _____ Email: _____ Date: _____

A WRITTEN EXPLANATION IS REQUIRED FOR ALL RETURNS FILING \$0

If you have leased Tangible Personal Property used in your business, but are not responsible for taxes (as stated in your lease agreement), please list the items below.

LEASED EQUIPMENT

NAME OF OWNER (lessor)	ADDRESS OF OWNER	DESCRIPTION OF EQUIPMENT	FROM LEASE AGREEMENT	
			Date of Lease	Quoted purchase price Of equipment at Inception of lease

If you have leased Motor Vehicles not included on the vehicle schedule, please list these vehicles below, or attach additional sheets as needed.

Name of Leasing Company:					Date located in Roanoke City:	
State Tag:	Title #:	Year:	Make:	Model:	Vehicle ID#	Wt:
Driver Name:		SSN:			Address:	
Name of Leasing Company:					Date Located in Roanoke City:	
State Tag:	Title #:	Year:	Make:	Model:	Vehicle ID#	Wt:
Driver Name:		SSN:			Address:	

In accordance with State Code Section §58.1-3660 and City Code Section §32-2, any certified pollution control equipment is exempt from personal property taxation. In order to complete Schedule 1 on the reverse side of this form, please fill out the Schedule as shown below.

(1)

(2)

(3)

COST OF ALL PROPERTY PURCHASED PRIOR TO:	COST OF CERTIFIED POLLUTION CONTROL EQUIPMENT	TAXABLE EQUIPMENT:
12/31/15	12/31/15	
12/31/16	12/31/16	
12/31/17	12/31/17	
12/31/18	12/31/18	
12/31/19	12/31/19	

Report the amounts from column 3 to Schedule 1 on the reverse side of this form. For items in column (2), submit copies of the State certification. Subtraction will not be allowed without this documentation