

2021

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BUSINESS RETURN OF TANGIBLE PERSONAL PROPERTY

COMPLETE AND RETURN ON OR BEFORE APRIL 15, 2021

ACCT NO _____

TYPE OF BUSINESS (CHECK ONE)

BUSINESS NAME AND MAILING ADDRESS

- INDIVIDUAL CORPORATION
 PARTNERSHIP PUBLIC SERVICE CORP.

FED ID # _____
OWNERS NAME _____
BUSINESS LOCATION _____
DATE BEGAN BUSINESS _____
IN CITY OF MANASSAS _____
BUSINESS TELEPHONE _____
CONTACT PERSON _____

PLEASE READ INSTRUCTIONS ON REVERSE BEFORE COMPLETING RETURN

SCHEDULE 2. OTHER TANGIBLE PERSONAL PROPERTY – Report the total original cost, by year of purchase of furniture, fixtures, unlicensed equipment and other property, **excluding leased and computer equipment** owned and located in the City of Manassas on January 1, 2021.

| YEAR PURCHASED | COST OF PROPERTY | TOTAL COST BY YEAR OF PURCHASE | | FOR OFFICE USE ONLY |
|----------------|------------------|--------------------------------|----------------|---------------------|
| | | DISPOSED IN 2020 | NET TOTAL COST | |
| 2020 | | | | 80% |
| 2019 | | | | 70% |
| 2018 | | | | 60% |
| 2017 | | | | 50% |
| 2016 | | | | 40% |
| 2015 | | | | 30% |
| 2014 & PRIOR | | | | 20% |
| Total Cost | | | | TOTAL |

SCHEDULE 2(B). COMPUTER EQUIPMENT – Report the total original cost, by year of purchase, of all computer equipment, **EXCLUDING SOFTWARE**, owned and located in the City of Manassas on January 1, 2021.

| YEAR PURCHASED | COST OF PROPERTY | TOTAL COST BY YEAR OF PURCHASE | | FOR OFFICE USE ONLY |
|----------------|------------------|--------------------------------|----------------|---------------------|
| | | DISPOSED IN 2020 | NET TOTAL COST | |
| 2020 | | | | 50% |
| 2019 | | | | 35% |
| 2018 | | | | 20% |
| 2017 | | | | 10% |
| 2016 & PRIOR | | | | 5% |
| Total Cost | | | | TOTAL |

SCHEDULE 4. LEASED PROPERTY – List below all personal property leased or rented from others. Information to be obtained from lease agreement.

| NAME AND ADDRESS OF OWNERS(S) | TYPE OF EQUIPMENT | LEASE DATE | QUOTED PURCHASE PRICE OF EQUIP | DEP FACTOR | OFFICE USE ONLY |
|-------------------------------|-------------------|------------|--------------------------------|------------|-----------------|
| | | | | | |
| | | | | | |
| Total Cost | | | | Total | |

FURNISH ITEMIZED LISTING OF ALL PERSONAL PROPERTY SHOWING DATE OF ACQUISITION AND ORIGINAL COST.

DECLARATION: I declare that the information given is true, full and correct to the best of my knowledge and belief.

TAXPAYER SIGNATURE _____ DATE _____ PHONE NO _____

NOTE: IT IS A MISDEMEANOR FOR ANY PERSON WILLFULLY TO SUBSCRIBE AN APPLICATION THAT HE DOES NOT BELIEVE TO BE TRUE AND CORRECT AS TO EVERY MATERIAL MATTER. (CODE OF VIRGINIA §58.1-11)

| FOR USE OF THE COMMISSIONER OF THE REVENUE | | | | | | |
|--|--------|---------|----|-------------|---------------|----------------|
| MAIL | OFFICE | PENALTY | | ASSESSED BY | DATE RECEIVED | TOTAL NET COST |
| | | SAP | LP | | | |
| | | | | | | |

