

# COUNTY OF FLUVANNA

## OFFICE OF THE COMMISSIONER OF THE REVENUE

P.O. Box 124  
PALMYRA, VIRGINIA 22963  
Phone (434) 591-1940

DATE RECEIVED

Please return completed form either by mail at the address listed above, by email at [spullen@fluvannacounty.org](mailto:spullen@fluvannacounty.org) or by fax at (434) 591-1941.

### 2024 – RETURN OF TANGIBLE BUSINESS PERSONAL PROPERTY – 2024

Business Name: Federal EIN:  
Owner or Manager: Social Security No.:  
Mailing Address: Phone Number:  
Business Type:

#### LIST ALL INDICATED BUSINESS PERSONAL PROPERTY IN FLUVANNA COUNTY ON JANUARY 1, 2024

#### TANGIBLE PERSON PROPERTY USING IN A BUSINESS OR PROFESSION:

Itemize on back of this form or attach a list giving date acquired and cost of each item. Do not include items costing less than \$100 or items that have been used in your business in Fluvanna County for over 10 years. Place totals on line below:

	Total Cost	For Commissioner's Use	
		% of Cost	Assessed Value
1. Furniture and Office Equipment.....			
2. Other Business Equipment.....			
3. Tools, Hand or Power.....			
4. Heavy Construction Machinery.....			

#### MACHINERY AND TOOLS OF MANUFACTURERS:

To be reported only if taxpayer is engaged in a manufacturing, mining, processing or reprocessing, radio or television broadcasting, cable television, dry cleaning or laundry business.

Attach itemized list giving date acquired and cost. Place cost totals below:

	Total Cost	For Commissioner's Use	
		% of Cost	Assessed Value
Acquired in Last Year.....			
Acquired in Prior Years.....			

#### LEASED PROPERTY LOCATED IN FLUVANNA COUNTY ON PREMISES OF TAXPAYER:

Description of Property	Name of Lessor	Complete Address of Lessor

**Note:** On-site verification may be made by the Commissioner if there is reason to believe that items are unreported or undervalued. "It is a misdemeanor for any person willfully to subscribe a return which he does not believe to be true and correct to every material matter."  
(Code of Virginia Sec. 58.1-11)

**DECLARATION:** I declare that the statement and figures on this return are true, full, and correct to the best of my knowledge and belief.

X \_\_\_\_\_  
Signature of Taxpayer Position Date

