

BUSINESS RETURN OF TANGIBLE PERSONAL PROPERTY AND MACHINERY AND TOOLS

Fairfax County Department of Tax Administration, 12000 Government Center Parkway, Suite 223, Fairfax VA 22035
 Phone: 703-222-8234 option 3 | TTY: 711 | Fax: 703-324-3500 | Web Site: www.fairfaxcounty.gov/dta

2017

**Property reported on this form is not proratble.
 FILE BY MAY 1, 2017 (SEE BROCHURE FOR INSTRUCTIONS)**

PLEASE ENTER INFORMATION BELOW:

OWNER NAME _____
 TRADE NAME _____
 MAILING ADDRESS _____ UNIT/SUITE # _____
 CITY STATE _____ ZIP _____

DATE BUSINESS BEGAN IN FAIRFAX COUNTY
 / /
 NAICS CODE
 DATE BUSINESS ENDED IN FAIRFAX COUNTY
 / /
 FEDERAL I.D./EMPLOYER ID#

FOR OFFICE USE ONLY

DATE RECEIVED _____
 ACCOUNT NUMBER _____
 CD/DISK PP LIC BDB

IF PRINTED INFORMATION ON THIS FORM IS INCORRECT OR INCOMPLETE, PLEASE UPDATE BUSINESS LOCATION ON JANUARY 1, 2017

ST NO. ST. NAME UNIT/SUITE # CITY/STATE ZIP

SCHEDULE 1	Report the total original cost by year of all personal property (except computer equipment listed in Schedule 2) owned and located in Fairfax County on January 1, 2017. Attach a Detailed Asset List.				PROPERTY NUMBER
YEAR PURCHASED	PROPERTY COST REPORTED IN 2016	PROPERTY COST BY YEAR OF PURCHASE ACQUIRED		TOTAL COST	VALUE
2016	DO NOT ALTER THIS COLUMN			80%	
2015				70%	
2014				60%	
2013				50%	
2012				40%	
2011				30%	
2010 & prior				20%	

SCHEDULE 2	Report the total original cost by year of all computer equipment owned and located in Fairfax County on January 1, 2017. Attach a Detailed Asset List.				PROPERTY NUMBER
YEAR PURCHASED	COMPUTER EQUIPMENT COST REPORTED IN 2016	COMPUTER COST BY YEAR OF PURCHASE ACQUIRED		TOTAL COST	VALUE
2016	DO NOT ALTER THIS COLUMN			50%	
2015				35%	
2014				20%	
2013				10%	
2012 & prior				2%	

Schedule 3: Leased Tangible Property: List below all leases of personal property leased or rented from others. Capitalized leases are to be reported on Schedule 1 or Schedule 2 depending on type of property. A copy of the lease agreement must be furnished with asset listing. Attach a separate sheet if more space is needed. Please include Lessor's phone number.

Name/Address/Phone of Lessor	Start/End Dates	Description of Property	Original Cost	Purchase Option
				<input type="checkbox"/> Bargain (e.g., \$1) buyout <input type="checkbox"/> Fair Market Value, other
				<input type="checkbox"/> Bargain (e.g., \$1) buyout <input type="checkbox"/> Fair Market Value, other

It is a Class 1 misdemeanor for any person to willfully subscribe a return that he does not believe to be true and correct as to every material matter (Code of Va Sec. 58.1-11). Declaration: I declare that the statement and figures herein given are true, full and correct to the best of my knowledge and belief.

TAXPAYER'S SIGNATURE _____ TELEPHONE NO. _____
 PLEASE PRINT NAME _____ FAX NO. _____
 DATE _____ EMAIL _____

FAX
 MAIL
 OFFICE