

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

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Website: www.fairfaxcounty.gov/taxes

2020

FILE BY MAY 1, 2020 (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, 2020

ST NO.	ST. NAME	UNIT/SUITE #	CITY/STATE	ZIP
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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, 2020. **Detailed Asset List Required.** PROPERTY NUMBER

YEAR PURCHASED	PROPERTY COST REPORTED IN 2019	PROPERTY COST BY YEAR OF PURCHASE ACQUIRED	TOTAL COST	VALUE
2019	DO NOT ALTER THIS COLUMN			80%
2018				70%
2017				60%
2016				50%
2015				40%
2014				30%
2013 & prior				20%

SCHEDULE 2 Report the total original cost by year of all computer equipment owned and located in Fairfax County on January 1, 2020. **Detailed Asset List Required.** PROPERTY NUMBER

YEAR PURCHASED	COMPUTER EQUIPMENT COST REPORTED IN 2019	COMPUTER COST BY YEAR OF PURCHASE ACQUIRED	TOTAL COST	VALUE
2019	DO NOT ALTER THIS COLUMN			50%
2018				35%
2017				20%
2016				10%
2015 & prior				2%

Schedule 3: Leased Tangible Property: List all business tangible personal property leased from others (exclude Real Estate and vehicles). 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

**** ONLY ORIGINAL & FULLY COMPLETED FORMS WILL BE ACCEPTED ****