

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

2021

FILE BY MAY 1, 2021 (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
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IF PRINTED INFORMATION ON THIS FORM IS INCORRECT OR INCOMPLETE, PLEASE UPDATE

BUSINESS LOCATION

ON JANUARY 1, 2021

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, 2021. Detailed Asset List Required.					PROPERTY NUMBER
YEAR PURCHASED	PROPERTY COST REPORTED IN 2020	PROPERTY COST BY YEAR OF PURCHASE ACQUIRED		TOTAL COST	VALUE
2020	DO NOT ALTER THIS COLUMN				80%
2019					70%
2018					60%
2017					50%
2016					40%
2015					30%
2014 & prior					20%

SCHEDULE 2 Report the total original cost by year of all computer equipment owned and located in Fairfax County on January 1, 2021. Detailed Asset List Required.					PROPERTY NUMBER
YEAR PURCHASED	COMPUTER EQUIPMENT COST REPORTED IN 2020	COMPUTER COST BY YEAR OF PURCHASE ACQUIRED		TOTAL COST	VALUE
2020	DO NOT ALTER THIS COLUMN				50%
2019					35%
2018					20%
2017					10%
2016 & 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	<input type="checkbox"/>
MAIL	<input type="checkbox"/>
OFFICE	<input type="checkbox"/>

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