



# 20&1 Business Tangible Property Return for Spotsylvania County

For assets used or available for use as of January 1, 20&1

Attn: Business Property Division  
Deborah F Williams  
Commissioner of Revenue  
PO Box 175  
Spotsylvania VA 22553- 0175  
Phone: (540) 507-7051  
Fax: (540) 582-7190  
email: [cor@spotsylvania.va.us](mailto:cor@spotsylvania.va.us)

**File by February 1<sup>st</sup> to avoid a late filing penalty.**

Account # XXXXX Federal ID: XX-XXXXXX Type of Business: Start Date : XX/XX/XXXX

Owner's Name & Address

Trade Name & Business Location

**Sample Form**

Attach itemized listing of all tangible property showing date of acquisition, date of disposal and original cost on the book basis. This includes property that is fully depreciated or expensed for federal tax purposes. In the event there was no cost for acquisition, please provide an estimate of fair market value at the time of acquisition.

Please see attached instructions.	A		B		C	
	Office Furniture & Fixtures and other Equipment (excluding software)		Heavy Construction (earthmovers or digging equipment)		Manufacturing Equipment Only (Machinery & Tools)	
Year of Acquisition	Original Cost as of 1/1/20	Original Cost as of 1/1/&1	Original Cost as of 1/1/20	Original Cost as of 1/1/&1	Original Cost as of 1/1/20	Original Cost as of 1/1/&1
2020	\$	\$1,250.00	\$	\$	\$	\$
2019	\$ 900.00	\$ 900.00	\$	\$	\$	\$
2018	\$ 500.00	\$ 500.00	\$	\$	\$	\$
2017	\$ 400.00	\$ 400.00	\$	\$	\$	\$
2016 & Prior	\$ 265.00	\$ 265.00	\$	\$	\$	\$
	<b>Total</b>	<b>\$ 3,315.00</b>	<b>Total</b>	\$	<b>Total</b>	\$

If you own no business tangible, please check here  and provide explanation as to how your business is conducted without the use of property. \_\_\_\_\_

D Tangible Business Property Leased or Rented from Others (Attached additional sheet if necessary.)				
Owner's Name	Owner's Address	Item Description	Year Placed in Use	Cost
				\$
				\$
				\$

**E** If the business has closed or sold, please provide the following: Date of Sale/Closed \_\_\_/\_\_\_/\_\_\_

BYk Owner's Name:	Phone ( )
Mailing Address :	City State Zip+4

**Declaration:**

I declare that the foregoing statements and figures are true, complete, and correct to best of my knowledge.

\_\_\_\_\_  
Signature of Owner or Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number & Ext

# SAMPLE ASSET LISTING

Year Acquired	Quantity	Description	Cost Each	Total Cost
<b>2020</b>	1	Cell Phone	200.00	200.00
	2	File Cabinet	75.00	150.00
	1	Camera	250.00	250.00
	1	Laptop	650.00	650.00
				<b>1,250.00</b>
<b>2019</b>	1	Computer	800.00	800.00
	1	Printer - All in One	100.00	100.00
				<b>900.00</b>
<b>2018</b>	1	Tools & Equipment	500.00	500.00
				<b>500.00</b>
<b>2017</b>	1	Tools & Equipment	400.00	400.00
				<b>400.00</b>
<b>2016</b>	1	Chair	50.00	50.00
	1	Desk	175.00	175.00
	1	Filing Cabinet	40.00	40.00
				<b>265.00</b>
<b>TOTAL</b>				<b>\$3,315.00</b>