2004

CITY OF FAIRFAX, COMMISSIONER OF THE REVENUE, ROOM 210, CITY HALL • 10455 ARMSTRONG STREET, FAIRFAX, VIRGINIA 22030 • (703) 385-7880, (703) 385-7883

BUSINESS RETURN OF TANGIBLE PERSONAL PROPERTY, MACHINERY AND TOOLS

Account No. _____ Employer I. D. No. _____

Nature of Business or Profession _____ Business Phone _____

Business Address if different from mailing: _____

Every person, business or profession owning tangible personal property and/or machinery and tools subject to tax in the City of Fairfax, Virginia on **January 1, 2004** must report same on this return and file on or before **May 1, 2004** with William Page Johnson II, Commissioner of the Revenue. City Hall, Fairfax, Virginia 22030.

A penalty of ten percent of the tax otherwise assessed will be added to returns received after May 1, **2004.** Postmark date governs mailed returns. **WORKSHEET, LISTING ALL TANGIBLE PROPERTY OWNED, DATE ACQUIRED AND ORIGINAL COST, MUST BE ATTACHED HERETO.**

IF LEASED OR RENTED PERSONAL PROPERTY WAS IN YOUR POSSESSION AS OF **1-1-04,** FURNISH NAME AND ADDRESS OF LESSOR, DESCRIPTION OF LEASED PROPERTY, DATE LEASED, AND COST ON A **SEPARATE SHEET.**

PART 1 — ALL NON-COMPUTER PROPERTY:

ENTER BELOW THE ORIGINAL COST VALUES, NOT DEPRECIATED VALUES:

PROPERTY ACQUIRED	FURNITURE, FIXTURES & EQUIPMENT	MACHINERY & TOOLS	%	OFFICE USE ONLY
ON JAN. 1, 2004			80%	
DURING 2003			70%	
DURING 2002			60%	
DURING 2001			50%	
DURING 2000			40%	
DURING 1999			30%	
DURING 1998			20%	
DURING 1997 **AND BEFORE:**			10%	

PART 2 — COMPUTER EQUIPMENT *

ENTER BELOW THE ORIGINAL COST VALUES, NOT DEPRECIATED VALUES:

PROPERTY ACQUIRED	COMPUTER EQUIPMENT	%	OFFICE USE ONLY
ON JAN. 1, 2004		100%	
DURING 2003		65%	
DURING 2002		45%	
DURING 2001		30%	
DURING 2000		10%	
DURING 1999 **AND BEFORE:**		2%	

NOTE: *IT IS A MISDEMEANOR FOR ANY PERSON WILLFULLY TO SUBSCRIBE A RETURN WHICH HE DOES NOT BELIEVE TO BE TRUE AND CORRECT AS TO EVERY MATERIAL MATTER. (CODE OF VIRGINIA, SEC. 58.1-11)*

SEE REVERSE SIDE FOR ASSESSMENT FORMULAS AND COMPLETE INSTRUCTIONS

***A SEPARATE WORKSHEET OF COMPUTER EQUIPMENT REPORTED IN PART 2 IS REQUIRED.**

TRADE NAME

CORPORATE NAME

MAILING ADDRESS

IF ADDRESS IS INCORRECT PLEASE CORRECT BELOW:

_____

_____

DECLARATION: I declare that the statements and figures herein given are true, full, and correct to the best of my knowledge and belief.

Authorized Signature _____ Date _____

Print Signature _____ Title _____ Telephone No. _____

RETURN ORIGINAL ONLY
TAXPAYER RETAIN COPY