OFFICE OF COMMISSIONER OF THE REVENUE
P. O. BOX 7
CHARLES CITY, VA 23030-0007

ADDRESS SERVICE REQUESTED

Phone: (804) 652-2161
Fax: (804) 829-6228

Website: www.co.charles-city.va.us
E-mail: dsmith@co.charles-city.va.us

2016 COUNTY OF CHARLES CITY, VIRGINIA 2016

REGISTRATION & BUSINESS RETURN OF TANGIBLE PERSONAL PROPERTY MACHINERY & TOOLS & MERCHANTS CAPITAL

TAXPAYER NAME 1_____
TAXPAYER NAME 2_____
TAXPAYER ADDRESS 1_____
TAXPAYER ADDRESS 2_____
TAXPAYER ADDRESS 3_____

FIN 1_____
OR SSN2_____

List personal property owned by you on **January 1, 2016** and located in **Charles City County.** This return will be used to prepare your personal property tax assessment for **2016. Please complete, sign and return this form with schedules by May 2, 2016.**

PENALTY FOR FAILURE TO FILE BY MAY 2, 2016, 10% OF TAX DUE

Year	Make/Model	Vehicle/Item ID No	Date Acquired	Original Cost	Move-In Date	Previous Location

Please attach an itemized schedule for additional items and merchants capital.

I declare that the information on this return is correct to the best of my knowledge and belief.

_____ _____
Signature of Taxpayer Date

_____ _____
Name of person preparing form Phone