RETURN OF MACHINERY & TOOLS
TECHNOLOGY ZONE
CITY OF PETERSBURG, VIRGINIA
OFFICE OF THE COMMISSIONER OF THE REVENUE
144 N SYCAMORE ST PETERSBURG, VA 23803
TEL: 804-733-2315      FAX: 804-508-6948

1. TRADE NAME:

2. NAME OF TAXPAYER:

3. NATURE OF BUSINESS:

4. BUSINESS ADDRESS:

5. MAILING ADDRESS:

IMPORTANT INSTRUCTIONS
1. File this return with the Commissioner of Revenue on or before March 31, 2021. Minimum of $10.00 or 10% penalty after March 31, 2021.
2. All tangible personal property (owned or leased) used in any business or profession must be reported. Cost values to be replaced are actual acquisition costs before allowance for depreciation.
3. Any tax due must be paid on or before June 10, 2021.

<table>
<thead>
<tr>
<th>PROPERTY CLASSIFICATIONS</th>
<th>A PRIOR TO 2016</th>
<th>B DURING 2017</th>
<th>C DURING 2018</th>
<th>D DURING 2019</th>
<th>E DURING 2020</th>
<th>F TOTAL A-B-C-D-E</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. EXISTING MACHINERY AND TOOLS USED IN A MANUFACTURING, MINING, RADIO OR TELEVISION BROADCASTING OR DAIRY BUSINESS.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. PRECENT OF COST VALUES TO BE USED</td>
<td>20%</td>
<td>25%</td>
<td>30%</td>
<td>35%</td>
<td>40%</td>
<td></td>
</tr>
<tr>
<td>8. TAXABLE PORTION OF COST VALUES (LINE 7 PERCENTAGES OF LINE 6 COST VALUES)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

9. TAX RATE $3.80 PER $100 COST VALUE

Base Assessed M&T Value | New M&T Value | Total Current M&T Equipment Value | Idle M&T Value
---|---|---|---
Value of equipment that existed previously + Value of All New Purchased Equipment = The Total Value of Current Assessed, New and Idle Equipment

The Value of all unused Equipment

ATTACH SCHEDULE IF MORE SPACE IS NEEDED

IMPORTANT MESSAGE ON REVERSE SIDE
DECLARATION BY TAXPAYER: I DECLARE THAT THE FOREGOING STATEMENTS AND FIGURES ARE TRUE, FULL AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE OF TAXPAYER ________________________
DATE ________________________

TITLE ________________________
PHONE: ________________________ FAX: ________________________
EMAIL: ________________________