

**RETURN OF MACHINERY & TOOLS
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**

FED. ID# _____

2026

2026

1. **TRADE NAME:** _____
 2. **NAME OF TAXPAYER:** _____
 3. **NATURE OF BUSINESS:** _____
 4. **BUSINESS ADDRESS:** _____
 5. **MAILING ADDRESS:** _____

IMPORTANT INSTRUCTIONS

- File this return with the Commissioner of the Revenue on or before **March 31, 2026**. Minimum of **\$10.00** or **10%** penalty after **March 31, 2026**.
- 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.
- Any tax due must be paid on or before **June 10, 2026**.

SCHEDULE A		COST VALUES OF PROPERTY ACQUIRED					
PROPERTY CLASSIFICATIONS		A DURING 2020 & PRIOR	B DURING 2022	C DURING 2023	D DURING 2024	E DURING 2025	F TOTAL A-B-C-D-E
6. MACHINERY AND TOOLS USED IN A MANUFACTURING, MINING, RADIO OR TELEVISION BROADCASTING OR DAIRY BUSINESS.							
7. PERCENT OF COST VALUES TO BE USED		20%	25%	30%	35%	40%	
8. TAXABLE PORTION OF COST VALUES (LINE 7 PERCENTAGES OF LINE 6 COST VALUES)							
		9. TAX RATE \$3.80 PER \$100 COST VALUE					
NOTE: Machinery & Tools Only see line 6		10. BUSINESS PERSONAL PROPERTY TAX: MULTIPLY TOTAL TAXABLE PORTION OF COST VALUES ENTERED IN COLUMN F, LINE 8 BY THE \$3.80 PER HUNDRED TAX RATE.					

SCHEDULE B *VEHICLES WILL BE ASSESSED BY NADA UNLESS NOT LISTED, THEN WILL BE ASSESSED BY ORIGINAL COST**

MAKE	YEAR MODEL	SERIAL NO.	LICENSE NO.	YEAR ACQUIRED	COST AT TIME OF PURCHASE	OFFICE USE ONLY

ATTACH SCHEDULE IF MORE SPACE IS NEEDED

FOR OFFICE USE ONLY		
TOTAL:		
AUDITED BY:		

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: _____

PLEASE NOTE

IF YOU OR YOUR COMPANY RENTS OR LEASES ANY EQUIPMENT NOT SHOWN BY YOU ON PAGE 1(ONE) OF THIS FORM, PLEASE FILL IN THE FOLLOWING:

NAME AND ADDRESS OF LEASING COMPANY

TYPE OF EQUIPMENT LEASED OR RENTED
