



CITY OF PORTSMOUTH, VIRGINIA

Franklin D. Edmondson

Commissioner of the Revenue

801 Crawford Street • Portsmouth, Virginia 23704

Office (757) 393-8714 • Fax (757) 393-8604 • www.portsmouthva.gov

2007

FILE ON OR BEFORE MARCH 1, 2007

Notice: Every person, firm, corporation or other entity owning tangible property located within Portsmouth on January 1, 2007 must file a return.

A NAME AND ADDRESS

Large empty box for name and address.

CHECK HERE AND INDICATE BELOW IF THE BUSINESS NAME OR ADDRESS HAS CHANGED.

Three horizontal lines for business name or address changes.

TRADE NAME:

WERE YOU IN BUSINESS JANUARY 1, 2007 Yes [] No []

IF NO, GIVE DATE OF CLOSING AND SIGN ON BACK OF FORM.

BUSINESS PHONE:

RESIDENCE PHONE:

FEDERAL ID # OR SOCIAL SECURITY #:

Reference Codes:

- A = Business Information B = Business Tangible Personal Property
C = Deleted Business Personal Property D = Leasing Information
E = Declaration by Taxpayer

General Information:

Businesses that have classified as Manufacturer, Miner, Radio or Television Broadcaster, only machinery and tools should be reported. Fully depreciated items must be included if still owned January 1, 2007. Please submit a list of all vehicles and trailers (including yard trucks, storage trailers, office trailer, etc.) that are used for the business.

IF YOU DO NOT OWN ANY BUSINESS TANGIBLE PERSONAL PROPERTY YOU MUST STILL FILE A RETURN; please enter "NONE" below and provide an explanation as to how your business is conducted without the use of property.

PLEASE LIST BELOW THE ORIGINAL INSTALLED COST OF ALL FURNITURE, FIXTURES, HAND AND POWER TOOLS, MACHINERY, HOUSEHOLD APPLIANCES, SIGNS, OPERATING EQUIPMENT AND ALL OTHER TANGIBLE PROPERTY OWNED ON JANUARY 1, 2007 OR BYPASS THIS PROCESS BY SUBMITTING A CURRENT DETAILED DEPRECIATION SCHEDULE.

Table with 3 columns: Date Acquired, Description of Asset, Original Cost. Multiple empty rows for data entry.

(attached additional lists if more space is required)

PLEASE SIGN AND COMPLETE REVERSE SIDE

C If you DELETED, SOLD, JUNKED or PHYSICALLY removed any equipment in 2006, then list each below.

Description of Item	Date of Purchase	Original Cost	Date Deleted

D Do you have in your possession or is there located at your business any machinery, equipment, furniture, fixtures, tools, computers, or other type of personal property which is leased, rented, loaned, stored or otherwise located at your business and not owned by you? YES NO . If YES, then list below (attach extra sheets if necessary).

Please include mailing address.

Description of Property/model no. etc.	Name & address of Owner	Rent/Lease Payment

SIGNATURE and PRINTED Name of Person and Name of Firm Preparing this Return (If Applicable):

_____ (Signature) _____ (Printed Name)
 _____ (Name/Address)
 _____ (Telephone:)

THANK YOU FOR YOUR COOPERATION. If we can be of assistance in preparing your report please feel free to call us at (757) 393-8866 or Fax (757) 393-8604.

NOTE: It is a class 1 misdemeanor for any person to willfully subscribe to a return which he does not believe to be true and correct as to every material matter (Code of Virginia - Sec. 5 8. 1 -1 1)

E DECLARATION BY TAXPAYER: I declare that the foregoing statements and figures are true, full and correct to the best of my knowledge and belief.

Franklin D. Edmondson
Commissioner of the Revenue
 801 Crawford Street • Portsmouth, Virginia 23704
 www.portsmouthva.gov

 Signature of Taxpayer Date

 (Printed Name)