



COMMISSIONER OF THE REVENUE

City of Falls Church
 300 Park Avenue, Suite #202W
 Falls Church, Virginia 22046-3301

Tom Clinton

Commissioner of the Revenue
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Visit Falls Church City's Website:
www.fallschurchva.gov/cor

TANGIBLE PERSONAL PROPERTY SUMMARY 2020
RETURN FOR ALL BUSINESS EQUIPMENT
 (an itemized list of all equipment must be attached separately)

	Account Number
	Federal ID or SS#
	Telephone Number
	E-mail Address

Billing Address (If different from above)

A SEPARATE LIST OF ALL ASSETS, WITH THE ORIGINAL COSTS WRITTEN & TOTALED IN THE SUMMARY CATEGORIES BELOW, IS REQUIRED EVERY YEAR BY (SEC 58.1-3518 OF THE VA CODE). COMPLETE YOUR RETURN AND MAIL IT BACK BY _____ *RETURNS WITHOUT A SEPARATE ITEMIZED LIST OF ASSETS WILL NOT BE ACCEPTED & WILL BE RETURNED. ANY QUESTIONS? CALL (703) 248-5450. SEE THE 2019 SAMPLE TPP RETURN AS A GUIDE.

YEAR OF PURCHASE (Providing Cost Value Only)	COST VALUE OF PERSONAL PROPERTY			COMPUTER HARDWARE (Listed & depreciated separately)	FOR OFFICE USE	
	FURNITURE & EQUIPMENT	MACHINERY & TOOLS	FOR OFFICE USE			
1. Personal Property Purchased in and all Prior Years			20%		5%	
2. Personal Property Purchased in			30%		5%	
3. Personal Property Purchased in			40%		10%	
4. Personal Property Purchased in			50%		10%	
5. Personal Property Purchased in			60%		35%	
6. Personal Property Purchased in			70%		50%	
7. Personal Property Purchased in			80%		70%	
TOTAL ORIGINAL COST OF THE PROPERTY						

ALL BUSINESS VEHICLES, LEASED OR OWNED, MUST BE REGISTERED WITH THE COMMISSIONER WITHIN 60 DAYS OF PURCHASE, OR LEASE, OR THE VEHICLE HAVING BEEN MOVED HERE, OR IF THE BUSINESS IS HEADQUARTERED HERE. A COPY OF THE DMV REGISTRATION IS REQUESTED. YOU CAN REGISTER A VEHICLE ON-LINE AT WWW.FALLSCHURCHVA.GOV/VEHICLEREG OR DOWNLOAD THE FORM, COMPLETE IT AND FAX OR EMAIL THE SCANNED FORM AND A COPY OF YOUR DMV REGISTRATION CARD TO (703) 248-5212. PLEASE INCLUDE A CONTACT NAME, E-MAIL ADDRESS AND A PHONE NUMBER. FOR MORE INFORMATION OR IF YOU HAVE QUESTIONS, CALL (703) 248-5450 OR EMAIL: COMMISSIONER@FALLSCHURCHVA.GOV

THANK YOU! TOM CLINTON, COMMISSIONER OF THE REVENUE

Print of Taxpayer Name (Please Print or Type) _____ **Signature of Taxpayer** _____ **Date** _____

FOR ASSESSMENT BY THE COMMISSIONER OF THE REVENUE

SEE REVERSE SIDE TO ITEMIZE ANY LEASED EQUIPMENT USED IN YOUR BUSINESS

