



Goochland County, Virginia

2017

Return of Machinery and Tools

For assets used or available for use as of January 1, 2017

FILE ON OR BEFORE MAY 1, 2017

PLEASE PRINT ALL INFORMATION	FEDERAL I.D. # or ACCT. #	SOCIAL SECURITY #		Account #				Date Filed

NAME OF TAXPAYER _____

TRADE NAME _____

MAILING ADDRESS _____

TYPE OF BUSINESS _____

LOCATION/ADDRESS OF PROPERTY _____

BUSINESS PHONE _____

MOBILE PHONE _____

FAX # _____

WEB SITE _____

E-MAIL _____

DATE BUSINESS BEGAN IN GOOCHLAND COUNTY _____ MO. / DAY / YR.

OUT OF BUSINESS IN GOOCHLAND CO. AS OF: _____ MO. / DAY / YR.

1. **MACHINERY AND TOOLS OWNED AND USED (OR AVAILABLE FOR USE) AS OF JANUARY 1, 2017**
PLEASE READ INSTRUCTIONS (ON BACK) CAREFULLY BEFORE COMPLETING SECTIONS 1 & 2.

Report below the total capitalized cost of all owned machinery and tools used or available for use, including those fully depreciated, by date acquired.

Year Acquired	Cost	Assessment Factor	Taxpayer's Calculation of Assessed Value	For Office Use Only
2012 - 2016		X 75% =		
2003 - 2011		X 56% =		
2002 & Prior Idle & Unused		X 37% =		
		X 0% =	Report but not taxed	
Total		TOTAL ASSESSED VALUE = (round to nearest \$10)	\$ _____	

*Note: If there are differences from the reported cost figures on last year's return due to disposals or transfers in/out, you must provide detailed documentation (including description, cost, purchase year, and date of change) supporting these differences.

THIS IS NOT YOUR TAX.
 Do not send money with this return.
 You will be billed later for the tax.

2. **MACHINERY & TOOLS LEASED, RENTED, OR BORROWED FROM OTHERS AS OF JANUARY 1, 2017**

Name and Address of Owner	Start/End Dates	Description	Original Cost	Check your Contract -
				Are you responsible for tax?
				Are you responsible for tax?

Attach schedule if more space is required.

YOU MUST INCLUDE BOTH OF THE FOLLOWING WITH YOUR RETURN:
 (1) An itemized list of all personal property reported (see back of return)
 (2) A copy of the depreciation schedule (FORM 4562) from your most recent federal income tax return. If you do NOT complete a federal depreciation schedule, please check here:

Return to: Office of the Commissioner of the Revenue
 P. O. Box 60, Goochland, VA 23063
 Ph. (804) 556-5807 Fax (804) 556-2483
 www.goochlandva.us

DECLARATION BY TAXPAYER: I declare that the foregoing statements and figures are true, full and correct to the best of my knowledge and belief. (§58.1-11, Code of Virginia)

 Please Print Name

 Signature of Taxpayer

 Date

IF YOU HAVE DISPOSED OF ANY MACHINERY & TOOLS REPORTED ON YOUR PRIOR YEAR RETURN, PLEASE SEND A SEPARATE LIST OF DISPOSED PROPERTY

