

Applicant Name & Mailing Address:

Trading Name & Business Address:

Acct#: _____ / BI# _____

Customer #: _____

BUSINESS PERSONAL PROPERTY

Attach a complete itemized listing of all Personal Property showing the Date of Aquisition, Original Cost, and Date of Disposal (City Code 24-4)

Schedule 1	All Computer Equipment		
Report the total purchase cost by year of purchase of all computer equipment owned and located in Norfolk on January 1, 2009			
YEAR PURCHASED	ORIGINAL COST	ASSESSMENT	COMMISSIONER'S VALUE - FOR OFFICIAL USE ONLY
Property purchased in 2008		40%	
Property purchased in 2007		40%	
Property purchased in 2006		40%	
Property purchased in 2005		40%	
Property purchased in 2004		40%	
Property purchased in 2003 and all prior years		40%	

Schedule 2	All Other Tangible Personal Property		
Report the total purchase cost, by year of purchase, of all other personal property (Except computer equipment listed in Schedule 1 above) owned and located in The City of Norfolk on January 1, 2009			
YEAR PURCHASED	ORIGINAL COST	ASSESSMENT	COMMISSIONER'S VALUE - FOR OFFICIAL USE ONLY
Property purchased in 2008		40%	
Property purchased in 2007		40%	
Property purchased in 2006		40%	
Property purchased in 2005		40%	
Property purchased in 2004		40%	
Property purchased in 2003 and all prior years		40%	

		TOTAL TANGIBLE PERSONAL PROPERTY	\$
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Schedule 3	Leased Equipment		
DESCRIPTION	QUANTITY	NAME & ADDRESS OF LESSOR	PHONE

UNSIGNED FORMS WILL BE RETURNED

VIRGINIA - CITY OF NORFOLK: I declare that the foregoing statement and figures are true, full, and correct to the best of my knowledge and belief.

TAXPAYER SIGNATURE _____

DATE _____

It is a Class 1 misdemeanor to make a false statement with intent to defraud if the amount of the tax lawfully assessed in connection with this return is more than \$1,000.00. It is a Class 3 misdemeanor to make a false statement with intent to defraud if the amount of the tax lawfully assessed in connection with this return is \$1,000.00 or less.

Please complete the following information so we can contact you if we have a question about your return.

CONTACT NAME _____ (PLEASE PRINT)

PHONE _____ FAX _____

EMAIL _____

**FILE WITH: SHARON M. MCDONALD, COMMISSIONER OF THE REVENUE, P.O. BOX 2260 NORFOLK, VA 23501
ON OR BEFORE MARCH 1ST TO AVOID LATE FILING PENALTY
SEE REVERSE SIDE FOR INSTRUCTIONS**