

BUSINESS RETURN OF TANGIBLE PERSONAL PROPERTY AND MACHINERY AND TOOLS

Fairfax County Department of Tax Administration, 12000 Government Center Parkway, Suite 223, Fairfax VA 22035

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Website: www.fairfaxcounty.gov/taxes

2022

FILE BY MAY 1, 2022 (SEE BROCHURE FOR INSTRUCTIONS)

PLEASE ENTER INFORMATION BELOW:

OWNER NAME

TRADE NAME

MAILING ADDRESS

UNIT/SUITE #

CITY STATE

ZIP

DATE BUSINESS BEGAN
IN FAIRFAX COUNTY

NAICS CODE

DATE BUSINESS ENDED
IN FAIRFAX COUNTY

FEDERAL I.D./EMPLOYER ID#

FOR OFFICE USE ONLY

DATE RECEIVED

ACCOUNT NUMBER

CD/DISK PP LIC BDB

IF PRINTED INFORMATION ON THIS FORM IS INCORRECT OR INCOMPLETE, PLEASE UPDATE

BUSINESS LOCATION
ON JANUARY 1, 2022

ST NO. ST. NAME UNIT/SUITE # CITY/STATE ZIP

SCHEDULE 1	Report the total original cost by year of all personal property (except computer equipment listed in Schedule 2) owned and located in Fairfax County on January 1, 2022. Detailed Asset List Required.					PROPERTY NUMBER
YEAR PURCHASED	PROPERTY COST REPORTED IN 2021	PROPERTY COST BY YEAR OF PURCHASE DISPOSED	PROPERTY COST BY YEAR OF PURCHASE ACQUIRED	TOTAL COST		VALUE
2021	DO NOT ALTER THIS COLUMN				80%	
2020					70%	
2019					60%	
2018					50%	
2017					40%	
2016					30%	
2015 & prior					20%	

SCHEDULE 2	Report the total original cost by year of all computer equipment owned and located in Fairfax County on January 1, 2022. Detailed Asset List Required.					PROPERTY NUMBER
YEAR PURCHASED	COMPUTER EQUIPMENT COST REPORTED IN 2021	COMPUTER COST BY YEAR OF PURCHASE DISPOSED	COMPUTER COST BY YEAR OF PURCHASE ACQUIRED	TOTAL COST		VALUE
2021	DO NOT ALTER THIS COLUMN				50%	
2020					35%	
2019					20%	
2018					10%	
2017 & prior					2%	

Schedule 3: Leased Tangible Property: List all business tangible personal property leased from others (exclude Real Estate and vehicles). Capitalized leases are to be reported on Schedule 1 or Schedule 2 depending on type of property. A copy of the lease agreement must be furnished with asset listing. Attach a separate sheet if more space is needed. Please include Lessor's phone number.

Name/Address/Phone of Lessor	Start/End Dates	Description of Property	Original Cost	Purchase Option
				<input type="checkbox"/> Bargain (e.g., \$1) buyout <input type="checkbox"/> Fair Market Value, other
				<input type="checkbox"/> Bargain (e.g., \$1) buyout <input type="checkbox"/> Fair Market Value, other

It is a Class 1 misdemeanor for any person to willfully subscribe a return that he does not believe to be true and correct as to every material matter (Code of Va Sec. 58.1-11). Declaration: I declare that the statement and figures herein given are true, full and correct to the best of my knowledge and belief.

TAXPAYER'S SIGNATURE _____ TELEPHONE NO. _____
 PLEASE PRINT NAME _____ FAX NO. _____
 DATE _____ EMAIL _____

FAX
 MAIL
 OFFICE

**** ONLY ORIGINAL & FULLY COMPLETED FORMS WILL BE ACCEPTED ****