FILE _____ Page #: **ALLEGHANY COUNTY** **TAX YEAR**

FOR OFFICE USE ONLY

RETURN OF TANGIBLE PERSONAL PROPERTY-INDIVIDUALS

Valerie N. Bruffey, Commissioner of the Revenue
Alleghany County Governmental Complex
9212 Winterberry Ave. Suite E
Covington, VA 24426
TELEPHONE: (540)863-6640
FAX: (540)863-6644

*******FILE BY 05/01/20 ******

Were you a resident of Alleghany County on JANUARY 1 **OR**
Was property at County location listed below: ☐ Yes ___ No
If NO, please give correct location **OR** Move In/Out Date Below:
_____ In_____ Out_____

ACCOUNT ID | Primary Taxpayer ID Number | District

PERSONAL PROPERTY RETURNS DUE: [redacted]

NOTE: PERSONAL PROPERTY TAX RELIEF ACT (PPTRA) COMPLIANCE REQUIRES TAXPAYER TO CERTIFY THAT PROPERTY IS LISTED CORRECTLY AS NON-QUALIFYING (N) OR QUALIFYING (Y) WITHIN PPTRA COLUMN. SIGNATURE BELOW VERIFIES YOU HAVE REVIEWED & CERTIFIED CORRECT UNLESS NOTED.

SCHEDULE A — NOTE: IF YOU DID NOT OWN PROPERTY LISTED ON JANUARY 1, 2008 — ENTER DISPOSAL DATE — FOR OFFICE USE ONLY

PROPERTY DESCRIPTION					WEIGHT	COST	DISPOSAL DATE			
YEAR	MAKE & MODEL CO-OWNER/LESSEE	VA LICENSE # CO-OWNER ID#	VEHICLE IDENTIFICATION NUMBER	PPTRA	VEHICLE TITLE# / DATE ACQUIRED	LENGTH & WIDTH MOBILE HOMES, BOATS & TRAILERS	MO.	DAY	YR.	
										1MV

SCHEDULE B — NOTE: ADD ANY VEHICLES, BOATS, MOBILE HOMES, OR CAMPING TRAILERS OWNED JANUARY 1 AND NOT LISTED ABOVE — ENTER PURCHASE DATE

PROPERTY DESCRIPTION					WEIGHT	COST	PURCHASE DATE			
YEAR	MAKE & MODEL CO-OWNER/LESSEE	VA LICENSE # CO-OWNER SSN#	VEHICLE IDENTIFICATION NUMBER	PPTRA	VEHICLE TITLE#	LENGTH & WIDTH MOBILE HOMES, BOATS & TRAILERS	MO.	DAY	YR.	

SCHEDULE C — DO YOU HAVE ANY HEAVY CONSTRUCTION EQUIPMENT, LEASED EQUIPMENT, FARM MACHINERY, FARM ANIMALS OR AIRCRAFT? YES ☐ NO ☐ — IF YES, COMPLETE ATTACHED SCHEDULE(S)

DECLARATION OF TAXPAYER

I declare that the statements and figures submitted on this return and attachments are true, full, and correct to the best of my knowledge and belief.

NOTE: It is a misdemeanor for any person willfully to subscribe a return which he does not believe to be true and correct as to every material matter (Code of VA Sec. 58.1-11).

_____ SIGNATURE OF TAXPAYER, OFFICER, AGENT _____ DATE

Telephone Numbers: Home (___) _____ Work (___) _____

Return in person at the above address OR mail to: P. O. Box 300 Low Moor, VA 24457