YEAR _____

CITY OF COVINGTON
RETURN OF TANGIBLE PERSONAL PROPERTY & MOBILE HOMES

INDIVIDUAL

COMMISSIONER OF THE REVENUE

CITY HALL - 333 W. LOCUST STREET
P.O. DRAWER 58 - COVINGTON, VIRGINIA 24426
TELEPHONE: (540) 965-6350 • FAX (540) 965-6365
www.covington.va.us

Were you a resident of The City of Covington on January 1
☐ YES If NO; enter date MOVED INTO City _____
From LOCATION _____
☐ NO OR enter date MOVED FROM City
To LOCATION _____

TAXPAYER NAME / ADDRESS
(PLEASE CORRECT IF NECESSARY)

PRIMARY SOCIAL SECURITY NUMBER

SECONDARY SOCIAL SECURITY NUMBER

DATE DUE:

Penalty for failure to file a return by due date shown above, shall be ten percent of the tax assessable on such return or ten dollars, whichever is greater; provided however, that the penalty shall in no case exceed the amount of the tax assessable.

SCHEDULE A

NOTE: IF YOU DID NOT OWN PROPERTY LISTED ON JANUARY 1

ENTER DISPOSAL DATE ↓

FOR OFFICE USE ONLY

PROPERTY DESCRIPTION					DISPOSAL DATE			
YEAR	MAKE & MODEL	VEHICLE IDENTIFICATION NUMBER	COST	LENGTH & WIDTH MOBILE HOMES, BOATS & TRAILERS	MO.	DAY	YR.	

SCHEDULE B

NOTE: ADD ANY VEHICLES, BOATS, BOAT TRAILERS, MOBILE HOMES, MOTORCYCLES, OWNED JANUARY 1 AND NOT LISTED ABOVE.

ENTER PURCHASE DATE ↓

PROPERTY DESCRIPTION					PURCHASE DATE			
YEAR	MAKE & MODEL	VEHICLE IDENTIFICATION NUMBER	COST	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, PLEASE ATTACH SCHEDULE(S)

DECLARATION OF TAXPAYER

I certify that unless otherwise indicated as business use, the vehicles listed herein are for personal use. 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 (___) _____