



CITY OF HOPEWELL, VIRGINIA

P.O. Box 1604

Hopewell, Virginia 23860

PHONE: (804) 541-2207

Debra Kloske Reason, Commissioner of the Revenue



2010 RETURN OF MACHINERY & TOOLS FOR LOCAL TAXATION ONLY

Report on this return the property owned by the taxpayer on January 1, 2010 and file with the Commissioner of Revenue for the City of Hopewell on or before February 15th, 2010.

Name: _____

Account No. _____

Address: _____

Fed ID: _____

City/State/Zip: _____

Phone No. _____

MACHINERY AND TOOLS

(TO BE REPORTED IF THE TAXPAYER IS ENGAGED IN MANUFACTURING, MINING, PROCESSING, OR REPROCESSING, RADIO OR TELEVISION BROADCASTING, DAIRY, DRY CLEANING OR LAUNDRY BUSINESS)

ORIGINAL CAPITALIZED COST

COMMISSIONERS ASSESSMENT

Machinery and Tools segregated by Section 58.1-1100 Code of VA as amended for local taxation exclusively, each city being required to make a separate classification for such machinery and tools.

Generating and Cogenerating Equipment Of Manufacturing (Section 58.1-3662)

DECLARATION OF TAXPAYER: I declare that the statements and figures submitted on the front and back of this return are true, full and correct to the best of my belief.

Signature: _____

Date: _____

CITY OF HOPEWELL, VIRGINIA

2010 SCHEDULE

	Machinery and Tools	Industrial Energy Conversion Equipment (58.1-3506)
Aggregate Original Capitalized Cost as of 1/1/01	\$ _____	
Original Capitalized Cost of Additions during 2001	+ _____	
Original Capitalized Cost of Additions during 2002	+ _____	
Original Capitalized Cost of Additions during 2003	+ _____	\$ _____
Original Capitalized Cost of Additions during 2004	+ _____	\$ _____
Original Capitalized Cost of Additions during 2005	+ _____	\$ _____
Original Capitalized Cost of Additions during 2006	+ _____	\$ _____
Original Capitalized Cost of Additions during 2007	+ _____	\$ _____
Original Capitalized Cost of Additions during 2008	+ _____	\$ _____
Original Capitalized Cost of Additions during 2009	+ _____	\$ _____
Total Original Capitalized Cost as of 1/1/2010	\$ _____	\$ _____
Less: Actual Retirements of above through 12/31/09	- _____	- _____
Less: Tax exempt Pollution Control Equipment Included in Total Original Capitalized Cost as of 1/1/2010 and Certified by the State of Control Boards.	- _____	- _____
Grand Total: Net Original Capitalized Cost as of 1/1/10	\$ _____	\$ _____
Conversion Factor Applied by the Commissioner of Revenue (25%).	\$ _____	\$ _____

- (1) Attach all copies of Certification from the State for Tax exempt equipment.
Please attach schedule showing the following:
- (a) Lessor and address of all machinery and tools leased by you on January 1, 2010.
 - (b) Description of property
 - (c) Total Original Capitalized Cost
 - (d) Amount of 2010 Lease/Month