TAX YEAR 2010

# CITY OF STAUNTON
# INITIAL RETURN OF TANGIBLE PROPERTY

FEIN or Social Security # _____

Name : _____

DBA : _____

Address: _____

City, State, Zip : _____

Contact Name : _____

Phone : _____ Fax : _____

RETURN TO:

Commissioner of the Revenue
City of Staunton
P.O. Box 4
Staunton, VA 24402-0004

**Due date: May 1, 2010**

| Quantity Owned | Date Acquired | Item Description | Make | Model # | Serial # | Original Capitalized Cost |
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*I declare that the statements and figures submitted on all pages of this return are true, full and correct to the best of my knowledge and belief. I understand that it is a misdemeanor for any person willfully to subscribe a return which he/she does not believe to be true and correct as to every material matter (Code of Virginia 58.1-11)*

Signature : _____ Date : _____