TAX YEAR 2011

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, 2011

Quantity Owned	Date Acquired	Item Description	Make	Model #	Serial #	Original Capitalized Cost

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 : _____