

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			FOR OFFICE USE ONLY		
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 ( ) \_\_\_\_\_