

ROBERT S. WERTZ, JR., COMMISSIONER OF THE REVENUE

COUNTY OF LOUDOUN

1 HARRISON ST. SE, 1ST FLR, PO BOX 8000, LEESBURG, VA 20177-9804 (703) 777-0260 WWW.LOUDOUN.GOV/COR FAX (703) 777-0263

BUSINESS TANGIBLE PERSONAL PROPERTY REGISTRATION

For Businesses located within the incorporated limits of the **Town of Leesburg** Please complete this form to ensure that return information will be sent to the correct Business owner and mailing address. This Registration form may be completed online at www.loudoun.gov/efile in lieu of mailing or faxing this form. Trade Name: ______ Business Telephone: _____ Business Web Site: BUSINESS OWNERSHIP STRUCTURE: (Please Check One) Single Member LLC Social Security Number _____ Sole Proprietorship \(\square Individual's Name _____ Single Member LLC Name _____ Home Address ____ Home Telephone _____ Cell Phone #_____ Corporation LLC Partnership Other Name _____ Federal Tax ID Number _____ Main Office Address Main Office Telephone _____ Cell Phone #____ President Managing Member Name Name General Partner Social Security Number Home Address _____ **BUSINESS MAILING ADDRESS** Address # Street/Road Name Suite/Apt/PO Box # Zip Code PHYSICAL BUSINESS LOCATION (No PO Boxes, route numbers or Postal Mail Delivery Locations) Street/Road Name Address # Suite/Apt DATE BUSINESS BEGAN IN LOUDOUN AT ABOVE PHYSICAL BUSINESS LOCATION: / / DESCRIPTION OF BUSINESS: ESTIMATED GROSS REVENUE: \$ All businesses are required to annually file a Business Tangible Personal Property tax return by March 1, declaring all property such as furniture, fixtures, equipment, machinery, tools and heavy equipment located in Loudoun County on January 1st of each year. Property located in any of the incorporated towns may be subject to town business tangible property tax in addition to the county levy. An asset list containing date of purchase, property description and original cost must be included with the return. Leased equipment must be declared indicating name and address of the lessor and terms of the lease. I have read the above and understand my responsibilities under Title 58.1-3518 of the Code of Virginia. Signature Date Contact Phone Number Print Name

Contact Email Address