CULPEPER COUNTY COMMISSIONER OF THE REVENUE

TERRY L. YOWELL, MCR
PO BOX 1807
151 N MAIN ST, SUITE 201
CULPEPER VA 22701
PHONE: (540) 727-3443 FAX: (540) 727-3472

REGISTRATION OF TANGIBLE PERSONAL PROPERTY

NOTE – CULPEPER COUNTY IS A PRORATING LOCALITY

ASSESSMENT AND TAXATION IS BASED ON THE PORTION OF THE YEAR THAT PROPERTY IS NORMALLY GARAGED, PARKED, STORED OR OTHERWISE ACQUIRES A SITUS FOR TAXATION IN CULPEPER COUNTY

OWNER_____

SOCIAL SECURITY #/FEIN_____

CO-OWNER_____

SOCIAL SECURITY #_____

ADDRESS_____

ADDRESS_____

EFFECTIVE DATE OF MOVE IN _____

☐ COUNTY ☐ TOWN

LOCALITY/STATE MOVED FROM: _____

ARMED FORCES PERSONNEL ONLY:
IF ACTIVE DUTY PLEASE CHECK

☐ OWNER ☐ CO-OWNER

_____
OWNER'S LEGAL STATE OF RESIDENCE

YOU MUST ATTACH A COPY OF YOUR JANUARY LES

911 ADDRESS IF DIFFERENT FROM MAILING ADDRESS:

_____

_____

You have 60 days from the date you move into Culpeper County or purchase personal property to register for Personal Property Tax. Please mail, fax or e-mail this form as soon as possible.

CLASS CODES:
AP: Aircraft **BT:** Boat **CA:** Camper **CY:** Motorcycle **LT:** Large Truck **MO:** Motor Home **VH**: Vehicle
MH or MW: Manufactured Home **PC:** Passenger Carrier **TL:** Trailer **TR:** Road Tractor **TT:** Tractor Trailer

CLASS	YEAR	MAKE//MODEL/LENGTH/ WIDTH	VEHICLE IDENTIFICATION/HULL NUMBER	ORIGINAL COST	DATE ACQUIRED	DISPOSAL DATE	BUSINESS USE >50% (Y/N)	*HIGH MILEAGE? (Y/N)

***High Mileage documentation must be attached**

In order that your personal property tax liability, if any, can be determined, Culpeper County Commissioner of the Revenue's Office must be notified, regardless if the vehicle is registered/tagged in Virginia or of use and/or condition of property.

Pursuant to Code of Virginia §58.1-11, any such person who willfully subscribes any such return which he/she does not believe to be true and correct as to every material matter shall be guilty of a Class I misdemeanor.

DECLARATION BY TAXPAYER: I declare that the foregoing statements are true, full and correct to the best of my knowledge and belief.

_____ _____ _____

SIGNATURE **DATE** **PHONE/E-MAIL**