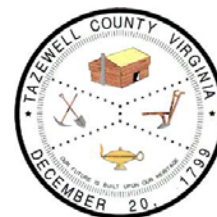




TAZEWELL COUNTY, VIRGINIA
David R. Anderson, Commissioner of the Revenue
 135 COURT ST STE 301 TAZEWELL VA 24651-0020
 PHONE: 276-385-1235 FAX: 276-988-5221



REQUEST FOR EXTENSION FOR FILING BUSINESS TANGIBLE PERSONAL PROPERTY TAX RETURN

(Complete a separate form for each Business / FEID #)

The undersigned owner or authorized corporate representative is hereby making a request for a 30-day extension of the May 15th filing deadline on behalf of the business listed below with regard to the filing of its:

- Return of Tangible Personal Property – Business Equipment (Schedule 1)
- Return of Tangible Personal Property – Manufacturers / Machinery & Tools (Schedule 2)
- Return of Tangible Personal Property – Merchants Capital (Schedule 4)

Filing Year:		FEID/SS #:	
Requestor (Business) Name:			
Trade Name (if applicable):			
Mailing Address:			
Business (Physical) Address:			
Business Phone:		Fax #:	
Contact Person:			
Contact Person's Address:	<input type="checkbox"/> Same as mailing address above <input type="checkbox"/> Same as physical address above <input type="checkbox"/> Other: _____		
Contact Phone No.:		Email Address:	
Extension Request Date:			
Preferred Method for COR to Respond:	<input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> First-Class Mail <input type="checkbox"/> Other: _____		

SIGNATURE & INFORMATION

The owner must sign this form. If the business is an entity such as a trust, partnership, limited liability company, or corporation, it must be signed by a member, partner, executive officer, or other person specifically authorized in writing by the trust, partnership, limited liability company, or corporation to sign.

DECLARATION: I declare, under penalty of perjury: (1) that the foregoing information is complete, true and correct to the best of my knowledge and belief, and (2) that I am the owner or a member, partner, executive officer, or other person specifically authorized in writing to sign.

Authorized Signature	Print Name	Print Title/Signing Capacity	Date
If Authorized Signatory is NOT the same as the Contact Person listed above, provide the following information:			
Signatory's Phone No.:		Email Address:	
Mailing Address:			

Completed, signed form can be faxed to 276-988-5221, emailed to cestep@tazewellcounty.org or mailed to the address listed above.