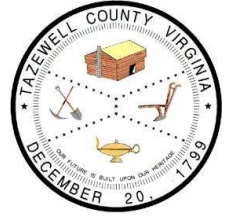




**TAZEWELL COUNTY, VIRGINIA**  
**David R. Anderson, Commissioner of the Revenue**  
 101 E. Main Street, Suite 201, Tazewell VA 24651  
 Phone: 276-385-1235 Fax: 276-988-5221



## 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 15<sup>th</sup> 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)

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

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

Completed, signed form can be faxed to 276-988-5221, emailed to [maggie.buskill@tazewellcounty.org](mailto:maggie.buskill@tazewellcounty.org) or [eerasnich@tazewellcounty.org](mailto:eerasnich@tazewellcounty.org) , or mailed to the address listed above.