



**Office of the Commissioner of the Revenue
Chesterfield County, VA
Heavy Equipment Short-Term Rental Tax
Quarterly Tax Return**

DATE FILED	LPP

NAME OF TAXPAYER _____

TRADE NAME _____

MAILING ADDRESS _____

CITY/ STATE/ZIP _____

LOCATION OF PROPERTY _____

FEDERAL TAX ID NUMBER/SOC. SEC. NO. _____

BUSINESS TELEPHONE NO. _____ E-MAIL _____

TYPE OF PROPERTY RENTED _____

CHECK THE APPROPRIATE BLOCK FOR THE QUARTER BEING REPORTED ON THIS RETURN

QUARTER ENDING	DUE DATE
<input type="checkbox"/> March 31	April 15
<input type="checkbox"/> June 30	July 15
<input type="checkbox"/> September 30	October 15
<input type="checkbox"/> December 31	January 15

CALENDAR YEAR: _____

**MAKE CHECKS PAYABLE TO:
TREASURER, CHESTERFIELD COUNTY**

1. Gross receipts from rentals of 270 DAYS OR LESS \$ _____
2. Gross receipts from rentals of MORE THAN 270 DAYS \$ _____
3. Total gross receipts from ALL rentals (Sum of lines 1 & 2) \$ _____
4. Total exempt rentals:
 - A. Rentals of property not owned \$ _____
 - B. Rentals of durable medical equipment \$ _____
 - C. Rentals to federal, state, or local govt. agencies \$ _____
 - D. Rentals which are exempt from sales tax \$ _____
5. Total gross taxable rentals (Line 3 minus line 4) \$ _____
6. Tax due (Line 5 multiplied by **.015**) \$ _____
7. Late payment penalty (10% of the tax due or \$10.00, whichever is greater)
Payment is due by the last day of the month following the end of the quarter. \$ _____
8. Interest (10% per annum on the sum of lines 6 & 7) \$ _____
9. Total tax, penalty, and interest (Sum of lines 6, 7, & 8) \$ _____

I certify that this report has been examined by me and to the best of my knowledge and belief is a true, correct, and complete report. (§ 58.1-11, Code of Virginia)

 PRINT NAME AUTHORIZED SIGNATURE DATE

**OFFICE OF THE COMMISSIONER OF THE REVENUE
P.O. BOX 124
CHESTERFIELD, VA 23832-0908
(804) 748-1281
cor@chesterfield.gov**

FOR OFFICE USE ONLY	Form No. 202