



FREDERICK COUNTY, VIRGINIA
Ellen E. Murphy, Commissioner of the Revenue
 107 N. Kent Street, Winchester VA 22601 • PO Box 552, Winchester VA 22604-0552
 Contact: Heidi Largent Phone: 540-722-8329 Fax: 540-667-6487
hlargent@fcva.us
www.fcva.us/cor



REQUEST FOR EXTENSION FOR FILING BUSINESS TANGIBLE PERSONAL PROPERTY TAX RETURN

(Complete a separate form each Business / Account No.)

NOTE: THE EXTENSION REQUEST MUST BE POSTMARKED OR EMAILED BY MIDNIGHT ON **MARCH 1******

*The undersigned owner or authorized corporate representative is hereby making a request for extension of the filing deadline of ****March 1st**** (or first business day thereafter):*

*to ***** APRIL 1 ***** (or first business day thereafter)*

on behalf of the business listed below with regard to the filing of its

- Return of Tangible Personal Property – Business Equipment (Form 762B)
- Return of Tangible Personal Property – Manufacturers / Machinery & Tools (Form 762M)
- Return of Tangible Personal Property – Processors (Form 762P)
- Return of Tangible Personal Property – Leasing Companies (Form 762L)

Filing Year:		Account No.:	
Requestor (Business) Name:			
Trade Name (if applicable):			
Mailing Address:			
Business (Physical) Address:			
Business Phone:		Facsimile No.:	
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 540-667-6487, emailed to hlargent@fcva.us, or mailed to the address listed above. *For more information, contact:* Heidi Largent at 540-722-8329.