

Anna Ruth Horn, Commissioner of the Revenue

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Email: datacollector@buchanancounty-va.gov REQUEST FOR EXTENSION FOR FILING

BUSINESS TANGIBLE PERSONAL PROPERTY TAX RETURN

Complete a separate form for each Business/Account Number
Note: The extension request must be emailed or postmarked by midnight on May 1, of taxable year

	rized corporate representative is l	hereby making a reque	est for extension of the filing a	leadline of May 1(or first
business day thereafter) Buchanan County Resolution authorizes Commissioner of the Revenue to grant reasonable extensions of time, not to exceed 30 days for filing tax				
returns for tangible personal property, machinery and tools, and merchant's capital. If any taxpayer who has been granted an extension of time for				
filing his return fails to file his return with the extended time, his case shall be treated the same as if no extension had been granted.				
On behalf of the business listed below with regard to filing of its:				
Return of Tangible Personal Property 762, including Business equipment, machinery &tools and Merchants Capital				
Return of Tangible Pers	sonal Property 762L, including lea	se equipment	•	•
Business Account Num	berFiling	Year		
Requestor (Business) Name:				
Trade Name(if applicable):				
Mailing address:				
Business Physical Address:				
Business Phone:		Business Facsimile No:		
Contact Person:				
Contact Person's Address:				
Contact Phone No:		Email Address:		
Check Preferred Method for Commissioner of the Revenue to Respond:EmailFaxMailOther Completed, signed form can be faxed to 276-935-1636, emailed to datacollector@buchanancounty-va.gov or mailed to the address listed above. For				
more information, call our office at 276-935-6542.				
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 forgoing 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	t 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:				
Office use only below: Date received request				
Granted extension yes or no				
Date form 762 received:				