

# **ANNUAL TAX REPORT**

**-OF-**

## **Gas Companies**

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### **REPORT OF**

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**-TO THE-**

### **VIRGINIA DEPARTMENT OF TAXATION**

### **FOR THE YEAR \_\_\_\_\_**

This report must be filed with the VIRGINIA DEPARTMENT OF TAXATION, P.O. Box 565  
RICHMOND, VIRGINIA 23218-0565 on or before the FIFTEENTH DAY OF APRIL.

General Instructions

Each incorporated gas company doing business in the State of Virginia will receive TWO copies of this form. The President, or other proper officer, will furnish the information asked for as soon as possible, but not later than, **APRIL FIFTEENTH**, and return both copies to the VIRGINIA DEPARTMENT OF TAXATION, P.O. BOX 565, RICHMOND, VIRGINIA 23218-0565.

Each question must be answered and SOME NOTATION must be made after every question to indicate that it has not been overlooked. References to returns of former years may not take the place of required entries.

Name of Corporation \_\_\_\_\_

Location of registered office in Virginia \_\_\_\_\_

Name, title and address of person to whom correspondence regarding this report should be addressed: Telephone No. \_\_\_\_\_

Name \_\_\_\_\_, Title \_\_\_\_\_, Address \_\_\_\_\_

Name, title and address of person to whom tax bills should be sent: Telephone No. \_\_\_\_\_

Name \_\_\_\_\_, Title \_\_\_\_\_, Address \_\_\_\_\_

PRINCIPAL OFFICERS

NAME	TITLE	ADDRESS

OATH

STATE OF \_\_\_\_\_

County or City of \_\_\_\_\_ } to-wit:

I, \_\_\_\_\_, \_\_\_\_\_,

(Name)(Title)

of the corporation named above, on oath, do say that the following return has been prepared from original records of the company, that I have read it and that it is true to the best of my knowledge, information and belief; and I hereby acknowledge due service of notice that on \_\_\_\_\_ the Department of Taxation will proceed to assess the value of the property of the said Company, and all other subjects of taxation, for taxation according to the law for the current year.

(Name) \_\_\_\_\_

(Title) \_\_\_\_\_

Subscribed and sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_.

(Month/Year)

Notary Public

**ANNUAL TAX REPORT**  
**OF**  
**GAS COMPANIES**  
**COVERING**

NAME OF COMPANY

**SUMMARY OF REAL AND PERSONAL PROPERTY FOR TAXABLE YEAR**

Schedule Number and Title	Value Reported by the Company	Value Assessed by the Department of Taxation	
(A)	(B)	(C)	
SCHEDULE 1 - LAND AND IMPROVEMENTS			
SCHEDULE 2 - MACHINERY AND EQUIPMENT			
SCHEDULE 3 - GENERAL PLANT - MOTOR VEHICLES			
SCHEDULE 4 - GENERAL PLANT - OTHER EQUIPMENT			
SCHEDULE 5 - TRANSMISSION MAINS AND LINES			
SCHEDULE 6 - MATERIAL AND SUPPLIES, CONSTRUCTION WORK IN PROGRESS			
TOTAL VALUE OF REAL AND TANGIBLE PERSONAL PROPERTY			





## GENERAL PLANT - MOTOR VEHICLES (ACCOUNT 392) - SCHEDULE 3

Form PL7 1601230

[illegible]

List Amount of Original Investment by Locality for Account Numbers 391-399 (excluding Account 392)				
Line No.	County, City Town or District	Description	Account Number	Amount
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				

TRANSMISSION MAINS AND LINES - SCHEDULE 5

Form PL9 1601250

Accounts 332, 343, 353 and 367			Length in Feet		Investment Per Linear Foot	Total
Line No.	County, City, Town, or District	Diameter In Inches	Cast Iron	Steel and Wrought Iron		
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						



MATERIAL AND SUPPLIES, CONSTRUCTION WORK IN PROGRESS, ETC. - SCHEDULE 6

			Material and Supplies Accounts 151-154, 156, and 163		Construction Work in Progress Account 107	Property not Reported Elsewhere in This Report		Total
Line No.	County, City Town or District	Description	Acct. No.	Amount	Amount	Acct. No.	Amount	
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								
16.								
17.								
18.								
19.								
20.								