



MADISON COUNTY  
 OFFICE OF THE COMMISSIONER OF THE REVENUE  
 P.O. Box 56 ~ Madison, Virginia 22727  
 (540) 948-4421 ~ Fax: (540) 948-6732  
 www.madisonco.virginia.gov

BRIAN L. DANIEL  
 COMMISSIONER

All businesses operating in Madison County are required to register with the Commissioner of the Revenue. Madison County does not require a business license to operate in the county.

After the business is registered with Madison County, the business must file the Business Personal Property Return annually on or before **May 1<sup>st</sup>** of each year. In accordance with Virginia State Code §58.1-3518, it is the responsibility of every taxpayer who owns, leases, rents or borrows tangible personal property which is used or is available for use in a business and which is located in Madison County as of January 1 to report such property on the Business Personal Property Return. If the start date of the business is after January 1 of the year, the return is not required until the following year as Madison County does not prorate business assessments.

All annual filing forms are available for download from the Commissioner of the Revenue department page on the county website at [www.madisonco.virginia.gov](http://www.madisonco.virginia.gov). Once registered with the County a filing form will be mailed to the address registered.

All forms must be completed and received in our office by the filing due date indicated on the forms. Forms may be submitted on paper or electronically. The Office of the Commissioner of the Revenue is located at 414 N Main Street, Madison VA 22727. Office hours are 8:30 am –4:30 pm, Monday through Friday.

To register the business with Madison County, complete this form, sign and submit with any attachments to the Commissioner of the Revenue. The form may be submitted by mail, email, fax or in person. If you need assistance with the form or have questions about business registration or business property assessments, please contact the office at (540) 948-4421.

NAME OF BUSINESS:		FEIN OR SSN:
OWNER OF BUSINESS:		
MAILING ADDRESS:		
PHYSICAL ADDRESS / CITY / STATE / ZIP CODE:		
NATURE OF BUSINESS:	TELEPHONE NUMBER:	DATE BUSINESS ESTABLISHED IN MADISON

<b>TAX ENTITY TYPE:</b> <input type="checkbox"/> C-Corporation <input type="checkbox"/> S-Corporation <input type="checkbox"/> Sole Proprietorship			<input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Limited Liability Partnership			<input type="checkbox"/> Limited Liability Limited Partnership <input type="checkbox"/> Personal Corporation <input type="checkbox"/> Other					
If not a Sole Proprietorship, please list or attach list of officers:						If Other is checked, please specify:					
Answer only if tax entity type is <b>not</b> a sole proprietorship. List date of formation:						State of formation:					

ANSWER YES OR NO TO THE FOLLOWING QUESTIONS		YES	NO
I	Will the business be using any assets in conducting its business?		
II	Will the business have any inventory?		
III	Will this business be a home based operation? <b>If you answer "yes", please also answer question IV, otherwise skip to question V.</b>		
IV	Will you be taking deductions for the business on your federal income tax return?		
V	Will the business be operating under a trade or fictitious name? <b>If you answered "yes", you will be required to register the fictitious name with the Madison County Circuit Court.</b>		
VI	Will the business be offering guest rooms for rent for continuous occupancy for fewer than thirty (30) days?		
VII	Will this business be selling prepared food?		
Comments:			

**DECLARATION**

I declare that the statements and figures herein given are true, full and correct to the best of my knowledge and belief.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Please enter the name, phone number, and email of the person we should contact with questions regarding this return.

Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

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**OFFICE USE ONLY**

**FORM RECEIVED IN OFFICE BY:** \_\_\_\_\_