



2006

2006

**CITY OF SALEM, VIRGINIA
RETURN OF BOATS
(THIS FORM MUST BE RETURNED BY 2/15/06)**

Verify Social Security Number
If incorrect, please change.

S. S. #

Please correct name, address, and boat information if it is not correct. This form must be returned to our office by **February 15, 2006.**

YEAR MAKE PURCHASE YEAR/COST BOAT & MOTOR/ASSESSMENT HULL #

WAS THIS BOAT LOCATED IN SALEM 1/1/06? YES _____ NO _____

IS THE NAME ABOVE THE OWNER OF THIS BOAT 1/1/06 YES _____ NO _____

IF EITHER ANSWER IS NO, PLEASE EXPLAIN _____

Signature of Taxpayer _____ Date _____

Co-Taxpayer or Spouse _____ Phone _____

ANY VEHICLE PURCHASED MUST BE REPORTED TO THIS OFFICE WITHIN 30 DAYS FROM THE DATE OF PURCHASE OR THERE WILL BE A 10% LATE FILING PENALTY.

LINDA M. CARROLL
COMMISSIONER OF THE REVENUE
114 N. BROAD ST P. O. BOX 869 SALEM, VA 24153
PHONE 375-3019 FAX 375-3048