

Ruth L. Easley, Commissioner
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Office of the Commissioner of the Revenue

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Hours: 8:30 a.m. to 5:00 p.m.
www.ci.martinsville.va.us/CommRev

PLEASE VERIFY AND RETURN VEHICLE VERIFICATION FORM BY MAY 1, 2024

OWNER NAME
SECONDARY OWNER
ADDRESS 1
ADDRESS 2
CITY, STATE ZIP

Account Number

Customer Number

Taxpayer ID (SSN or Fed ID)

Co-Owner ID (SSN or Fed ID)

Were you a resident of Martinsville on January 1st?

☐ Yes

☐ No -- if no, give date moved from Martinsville

_____ Date

**RETURN FORM TO AVOID LATE FILING PENALTIES
BY MAY 1, 2024.**

**I certify that the information (or the corrected
information) on this form is correct.**

Signature

Date

NOTE: Executors, administrators, trustees and other fiduciaries must
also supply requested information.

Vehicle location and/or address change:

Vehicle Location

Street Address: _____

City, State, Zip Code: _____

**Your Mailing Address if different than Vehicle
Location Street Address**

Address: _____

City, State, Zip Code: _____

Contact Phone: _____

E-mail: _____

2024 CITY OF MARTINSVILLE VEHICLE VERIFICATION FORM

Our tax records indicate that you owned the vehicles listed below on or before January 1, 2024. If any of the information is missing or incorrect, you must list the changes below, sign and date the form, and return it to our office, either by mail, fax, or in person by May 1, 2024 to **AVOID LATE FILING PENALTIES**. Vehicles that are not currently registered at DMV are still subject to local taxation and must be listed. If you have sold, traded or junked a vehicle you must also notify DMV of the disposal.

Date Sold	Year	Make	Model	Description	License Plate	Vehicle ID Number	Vehicle Use Personal (P) Business (B)