

Ruth L. Easley, Commissioner  
 55 W. Church Street, Room 101  
 Mailing Address: P.O. Box 1222  
 Martinsville, VA 24114-1222



Telephone: (276) 403-5131  
 Fax: (276) 403-5337  
 Hours: 8:30 a.m. to 5:00 p.m.  
 www.ci.martinsville.va.us/CommRev

Office of the Commissioner of the Revenue

**PLEASE RETURN VEHICLE VERIFICATION FORM BY MAY 3, 2021**

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 1<sup>st</sup>?

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

\_\_\_\_\_ Date

**RETURN FORM TO AVOID LATE FILING PENALTIES BY MAY 3, 2021.**

**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.

<b>Vehicle location and/or address change:</b>
<b>Vehicle Location</b> Street Address: _____ City, State, Zip Code: _____
<b>Your Mailing Address if different than Vehicle Location Street Address</b> Address: _____ City, State, Zip Code: _____
Contact Phone: _____
E-mail: _____

**2021 CITY OF MARTINSVILLE VEHICLE VERIFICATION FORM**

Our tax records indicate that you owned the vehicles listed below on or before January 1, 2021. 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 3, 2021** 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)