



www.alexandriava.gov/CarTax

DEPARTMENT OF FINANCE
Revenue Division/Personal Property Tax
P.O. Box 178, Alexandria, Virginia 22313

phone: 703.746.4800
fax: 703.548.6065

APPEAL OF MOTOR VEHICLE ASSESSMENT

Please specify the Tax Year of this appeal: _____

Taxpayer Name and Address:				Soc. Sec. or Account # :			
				Telephone (Home):			
				Telephone (Work):			
				Vehicle Tag Number:		State:	
Vehicle	Year:	Make:	Model/Body Style:				
Description:	Color:	Your Purchase Price:					
Vehicle Identification Number:							
Tax Bill Number:			Date of Purchase:			Mileage:	
Assessed Value:			Has Tax Bill Been Paid? Yes <input type="checkbox"/>		No <input type="checkbox"/>		

BASIS FOR APPEAL

<input type="checkbox"/>	Body damage (rust, dents, missing parts)
<input type="checkbox"/>	Interior damage (dashboard, instruments, upholstery)
<input type="checkbox"/>	Mechanical malfunctions (internal parts of transmission or engine)
<input type="checkbox"/>	If vehicle is inoperative, date it became inoperative _____
	and present location _____
<input type="checkbox"/>	Glass damage (windshield, windows)

Briefly describe the condition of the vehicle as of January 1, 2022, or the month it became subject to taxation.
Please use a blank sheet of paper if more space is needed.

Vehicle is used more than 50% for business purposes	<input type="checkbox"/>	
Vehicle is used less than 50% for business purposes	<input type="checkbox"/>	
Vehicle is used for personal use only	<input type="checkbox"/>	

I certify that unless otherwise indicated as business use, the vehicle(s) listed herein is for personal use.

CERTIFICATION: I certify that the above statements are correct and true to the best of my knowledge.

Signature of Owner(s)	Date
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(See page 3 for instructions)



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ITEMIZED ESTIMATE / AFFIDAVIT
(To be completed by Estimator)

ITEMIZED ESTIMATE OF REPAIRS NEEDED TO BRING VEHICLE TO AVERAGE CONDITION

Name of Firm and/or individual making estimate: _____ Date: _____
Address: _____ Tele. No.: _____

VEHICLE OWNER INFORMATION:

Name of Owner(s): _____
Address: _____

VEHICLE INFORMATION:

Make: _____ Model: _____ Body Style: _____
Year: _____ Lic. No.: _____ Odometer Reading: _____

DETAILS OF ESTIMATE: (If another form for the estimate is used, please refer to your attachment).
Description of Work and Cost to Restore the Vehicle to Average Condition, or attached.

AFFIDAVIT

CERTIFICATION AND OATH:

I swear and affirm that:

- 1) I am a motor vehicle repairman or estimator qualified to determine the amount of such damage set forth above.
- 2) I have engaged in such work since [Give date(s)]: _____
- 3) The trade name and address of my business or employer is: _____
- 4) All information contained herein or attachments hereto are true and correct.

NAME OF ESTIMATOR (PLEASE PRINT): _____

SIGNATURE: _____ Date: _____

**INFORMATION AND ASSESSMENT APPEALS
AND INSTRUCTIONS FOR COMPLETING THE
MOTOR VEHICLE ASSESSMENT APPEAL FORM**

State law requires the assessment of motor vehicle at fair market value. To determine the value of a motor vehicle as of January 1 of the tax year, the City uses the clean trade-in value listed in the NADA Official Used Car Guide and the NADA Official Older Used Car Guide. If a vehicle is not listed in the NADA guides, the City uses the Cars of Particular Interest Guide or another recognized pricing guide. The City assesses vehicles not listed in any recognized guide at fair market value.

The City assesses personal property on the assumption that it is in average condition for its age. If a vehicle is not in average condition because of extensive body or interior damage or serious mechanical malfunctions, the vehicle owner can request that the Revenue Administration staff review the assessment. Please submit your application as follows.

1. Complete and return this appeal form, the Itemized Estimate/Affidavit form (enclosed), and supporting documentation in the enclosed, self-addressed envelope or send to: Appeal, Revenue Administration Division, Department of Finance, P.O. Box 178, Alexandria, Virginia 22313. (All appeal forms must be filed and the required information received within three years of the tax year appealed. Failure to submit the required information on time will result in a denial of the appeal.)
2. If you would like assistance in completing this form, please call Personal Property Tax at 703.746.4800 or visit Room 1700, City Hall, 301 King Street, Alexandria, between 8 a. m. and 5 p.m., Monday through Friday, except holidays.
3. A motor vehicle is in "less than average" condition when there is extensive body or glass damage, serious interior damage or serious mechanical malfunctions. This does not include normal wear and tear on tires, seals, battery, gaskets, pumps, hoses, belts, etc., wear and tear to the brake system, cooling system, electrical and ignition system, fuel system, exhaust system and front-end parts.
4. Vehicles must be inspected by a professional appraiser, who must complete the enclosed Itemized Estimate/Affidavit form. Please return the completed, signed form along with any itemized documents (photographs, accident report, insurance documents, etc.) attesting to the damage done to the vehicle.
5. Appeals will be reviewed in the order received; please allow up to 60 days for processing. A tax bill subject to appeal must be paid on or before the tax due date to avoid the additional penalty and interest.
6. The Revenue Administration Division will render its decision solely on the basis of information contained in the appeal form and supporting documentary evidence; or, in the case of an inoperable vehicle, on information submitted.

VEHICLE TAX RELIEF CERTIFICATION

Vehicle owners must certify the use of a vehicle to be either personal or business on an annual basis. Failure to certify qualifying vehicles for tax relief provided by the Personal Property Tax Relief Act of 1998 will result in the loss of the tax reduction on your tax bill.