



County of Fairfax
Department of Tax Administration
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 Fairfax, Virginia 22035
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 Web Site: www.fairfaxcounty.gov/dta
Quarterly Tax Return for a Short Term Rental Business

2006

To be completed by business owner (for each location)

For Office Use Only

Federal Tax Identification Number _____
 Virginia Sales Tax Number _____
 Business Telephone Number _____
 Date Business Began In Fairfax County _____
 Description of Property Rented _____

Owner Name _____
 Trade Name _____
 Headquarters Location _____
 Fairfax County Business Location _____
 Mailing Address _____
 Business Tax Contact _____
 (Name and Phone Number) _____

THE FOLLOWING INFORMATION MUST BE COMPLETED (refer to enclosed completion instructions)

The receipts reported are for the quarter ending: _____ March 31 _____ June 30 _____ September 30 _____ December 31

1	Total Gross Receipts		1	_____
2	Total Gross Rental Receipts		2	_____
3	Total Rental Receipts Involving Personal Services and Rental Property NOT Owned		3	_____
4	Adjusted Gross Rental Base (subtract line 3 from line 2)		4	_____
5	Total Receipts from Short Term Rental (rentals of 92 consecutive days or less)		5	_____
6	Exempted and/or Excluded Rentals		6	_____
7	Adjusted Daily Short Term Rental Receipts (subtract line 6 from line 5)		7	_____
8	Total Daily Rental Tax Collected	000018 0385	8	_____
9	Penalty for Late Payment (10% of Tax Past Due or \$10.00; whichever is greater)	000018 0386	9	_____
10	Interest (5% per year on the sum of lines 8 and 9)	000018 0387	10	_____
11	Total Daily Rental Tax Paid (add lines 8, 9 and 10) (Enclose a check for the exact amount)		11	_____

This return must be filed and taxes paid no later than the 20th of the month following the end of the quarter.

I, the undersigned, hereby certify under penalty of perjury that the information provided herein is true and accurate to the best of my knowledge and belief.

 Signature Title Date