**County of Fairfax**
**Department of Tax Administration**
12000 Government Center Parkway, Suite 261
Fairfax, Virginia 22035-0029
Phone: 703-222-8234 Fax: 703-324-3505
Web Site: www.fairfaxcounty.gov/dta
**Transient Occupancy Tax***
for Fairfax County
Ch. 4, Article 13, Code of the County of Fairfax

# 2008

**Retain Yellow Copy for your record**

** Do not use this filing form for hotels located within the Towns of Clifton, Herndon or Vienna. For town hotels, please use filing form TOT-CHV.*

Owner Name: _____ For the Qtr/Month Ending: _____

Trade Name: _____ Account Number: _____

Business Address: _____

Mailing Address: _____

**1. Gross Rentals - Private Room Rentals** **1** _____

**2. ALLOWABLE DEDUCTIONS (add lines 2a through 2c)** **2** _____

2a. Exempt rentals (over 30 consecutive days) _____
2b. Refunds of rentals included in gross rentals above _____
2c. Refunds on rentals from previous report(s) _____

**3. Net Rentals (subtract line 2 from line 1)** **3** _____

**4. TAX DUE (4% of line 3)** **4** _____

**5. PENALTY**

5a. Compute penalty (5% of line 4) if report is postmarked later than 30 days following the end of the quarter. **5a** _____

5b. Tax plus penalty (add lines 4 and 5a) **5b** _____

**6. INTEREST** **6** _____

Compute interest (see chart) for each month or portion thereof that the report is late.

| Interest Computation | |
|---|---|
| 1-30 Days Late: Line 5b times | 0.42% |
| 31-60 Days Late: Line 5b times | 0.84% |
| 61-90 Days Late: Line 5b times | 1.26% |

**7. TOTAL AMOUNT DUE TO FAIRFAX COUNTY (add lines 5b and 6)** **7** _____

Name and Title Signature Date E-mail Telephone Number

*Subject to Va. Code, §58.1-3907, I hereby certify this return has been examined by me and is, to the best of my knowledge, a true, correct, and complete return.*

**For Office Use Only**

_____ FFX Tourism - Use Payclass Code (4020)
_____ FFX General TOT - Use Payclass Code (4024)

Qtr/Month Ending _____

Date Received _____ Received By _____ **DTA Form - TOT- FCO**