



County of Fairfax
Department of Tax Administration

www.fairfaxcounty.gov/dta
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Fairfax, Virginia 22035-0029
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2012

Retain yellow copy for your records

Transient Occupancy Tax
Towns of Clifton, Herndon and Vienna
Ch. 4, Article 13, Code of the County of Fairfax

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

Trade Name: _____ Account Number: _____

Business Address: _____

Mailing Address: _____

Receipts are for the quarter ending: ___ March 31 ___ June 30 ___ Sept. 30 ___ Dec. 31

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

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

2a. Exempt rentals (over 30 consecutive days) _____

2b. Other (please specify) _____

2c. Refunds of rentals included in gross rentals above _____

2d. Refunds on rentals from previous report(s) _____

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

4. **TAX DUE (2 percent of line 3)** 4 _____

5. **PENALTY** 5a _____

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

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 _____

(Enclose a check payable to Fairfax County for the exact amount. Mail check and form to the address at the top of the form.)

Returns postmarked later than 30 days after the closing date of the quarter reported above will be assessed a 5 percent penalty. Willful refusal to file a tax return is subject to criminal penalties.

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.

Name and Title Signature

Date E-mail Telephone

For Office Use Only

_____ FFX Tourism - Use Payclass Code (4024)

Qtr/Month Ending _____

Date Received _____ Received By _____

TOWN:
DTA Form - TOT- CHV
October 2011