**County of Fairfax**
**Department of Tax Administration**
**www.fairfaxcounty.gov/dta**
12000 Government Center Parkway, Suite 261
Fairfax, Virginia 22035
Phone: 703-222-8234 Fax: 703-324-3505

**2013**

**Retain yellow copy for your records**

# Quarterly Tax Return for a Short Term Rental Business

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 E-mail) _____

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

The receipts reported are for the quarter ending: _____ March 31 _____ June 30 _____ Sept. 30 _____ Dec. 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 Short Term Daily RentalTax Collected | G202001001 416080 | 8 | _____ |
| 9 | Penalty for Late Payment (10 percent of Tax Past Due or $10; whichever is greater) | G202001001 416080 | 9 | _____ |
| 10 | Interest (5 percent per year on the sum of lines 8 and 9) | G202001001 416080 | 10 | _____ |
| 11 | Total Daily Rental Tax Paid (add lines 8, 9 and 10) (Enclose a check payable to Fairfax County for the exact amount. Mail check and form to the address at the top of the form.) | | 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